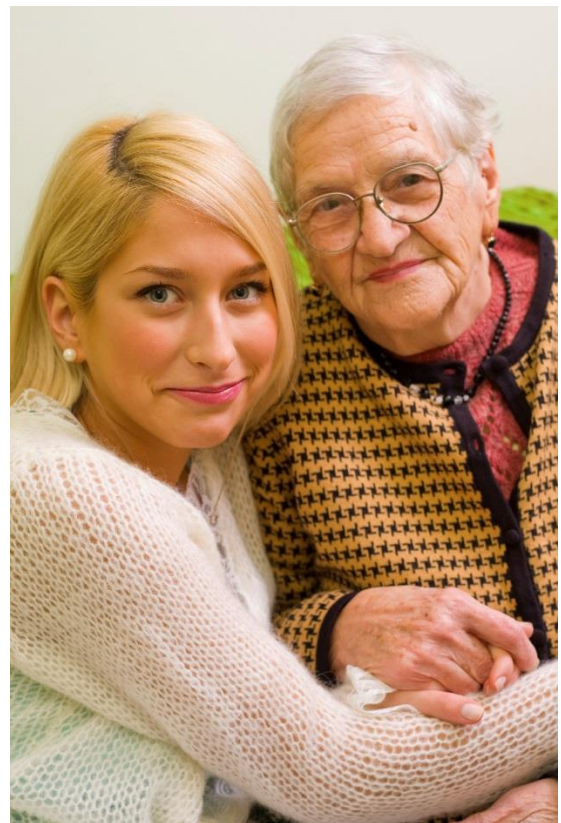


Final Report
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Consumer Satisfaction with Aging & Disability Resource Connection: Round 3

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Consumer Satisfaction with Aging & Disability Resource Connection (ADRC) Services: Round 3

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Executive Summary

This report describes the third round of consumer satisfaction surveys conducted with users of Aging and Disabilities Resource Connections (ADRC) of Oregon. The telephone survey was conducted between October 18 and November 2, 2013 and focused on three of the core ADRC functions: 1) information, referral, and awareness; 2) options counseling (OC); and 3) streamlined eligibility determination for public programs. The ADRC Advisory Committee had previously established benchmarks to be used in determining success for many aspects of the program described in this report.

Participants. A random sample was drawn from all ADRC call center users (n=724) who were in contact with the ADRC between September 1 and October 3. Because OC is a core function, efforts were made to recruit as large a sample of OC consumers as possible. All users of Options Counseling (OC) services between August 1 and October 10, 2014 (n=379) were included in the sample. Based on the previous surveys, we determined this sample size was needed to reach a goal of 300 completed interviews. Our intent was to increase the proportion of OC consumers in the sample and we were successful in meeting that goal, accounting for 34% of the Round 3 sample compared to 23% in Round 2.

Interviews were conducted by the Portland State University Survey Research Lab over a 13-day period in November 2013; length of interviews averaged about 19½ minutes. Of the 1,003 random numbers drawn, 919 (83%), were deemed to be eligible numbers, an improvement on the 71% eligible numbers for Round 2. Overall, the completion rate (based on eligible numbers) was 33% resulting in 298 completed interviews comprised of 196 call center users and 102 users of OC services. The refusal rate was 15% of eligible numbers. Interviews were not conducted with 331 possible participants because the telephone numbers only reached answering machines.

Of the 298 participants surveyed, 210 were consumers and 88 were family members. A higher proportion of participants were family members in Round 3 (30%) than in Round 2 (10%). The proportion of women was similar for both consumers and family members, though fewer of Round 3 family members were women compared to Round 2. The age range between Rounds was similar, although it extended into a lower age group for consumers, perhaps reflecting a greater number adults with being served by the ADRC. The median educational level

for both families and consumers was some college, representing an increase in the educational level for the Round 3 consumer sample. Median income levels remained the same over time, at \$10-20,000 for consumers and \$30-40,000 for family members. The sample remained predominantly White. Responses of consumers and family members to the survey were similar for most survey items. Significant differences that did occur between the two groups are noted in the text and tables. One notable difference involves concern about memory loss and confusion. Family members were significantly more likely to express this concern (45%) than consumers (15%). This likely reflects greater levels of impairment present in consumers of services requiring family members to call and/or arrange services on their behalf.

Information, Referral, and Awareness

Pathways to the ADRC

Need. People seek support from the ADRC for multiple needs. The needs described by people in Round 3 followed a pattern similar to previous surveys. Following the need for general information & advice, were needs related to physical health (60%). With physical health decline come needs for help at home (35%; e.g., Instrumental activities of daily living such as making meals, housekeeping, laundry, and yard work), help with personal care (32%; e.g., activities of daily living such as bathing, dressing, mobility), and help with transportation (31%). As before, a substantial number also had significant financial need, such as help getting Medicaid or other help paying for medical care (34%). Although getting food stamps (27%) or energy assistance (16%) were identified as needs, these areas were mentioned less frequently in Round 3 than in Round 2. Consumers were more likely to identify the need for subsidized housing than were family members while family members were more likely to be concerned with moves into assisted living or other residential long-term care settings. Furthermore, Call Center participants differed significantly from OC participants in that they more likely to identify financial needs related to medical benefits, food stamps, and housing. OC participants were significantly more to need personal care services.

As before, needs related to confusion or memory loss were reported by 24% of the participants (significantly more often by family members than consumers; and more often for those receiving OC, 33%, than using the Call Center only, 19%). OC consumers and family members were asked whether they had experienced confusion or memory loss in the past year. Family members were significantly more likely to say yes than consumers and were more likely to report continued declines in cognitive functioning. Again, this may reflect different levels of need among consumers contacting the ADRC on behalf of themselves versus family members calling on behalf of a consumer.

Learning about & contacting the ADRC. Pathways to the ADRC were similar in Rounds 2 and 3. Referrals from another agency was the most frequently mentioned way for learning about the ADRC. Information from friends followed. Medical staff, family, word of mouth, and the Internet were mentioned by between 6% and 8% each year. Pathways used least were brochures, fliers, phonebooks and the media. A sizeable number, about 9% each year, indicated that they did not know how they had learned about the ADRC. About one fifth of participants listed other ways of learning about the ADRC. Most of these “other” responses fell

into the categories mentioned above, although several reported family conflict and possible abuse as reasons for the call. It is noteworthy that information from the media has declined from 20% in Round 1 to 3% or less in the more recent surveys. In 2013, participants were asked the best way the ADRC could provide them information. Nearly half (47%) indicated that personal contact was the best way. Written materials such as brochures and fliers (14%) and mailings (14%) also had some proponents. Very few indicated that the Internet, presentations at social events, or the media would be best.

Well over half of participants in all three rounds reported their initial contact with the ADRC was by telephone. Significantly fewer participants in 2013 went to the ADRC building as their first contact, although this was similar to the percentage of participants in Round 1. The same pattern was seen for participants reporting that someone from the ADRC contacted them first. Round 3 participants were significantly more likely to report “other” ways of coming into contact with the ADRC. Although many of these explanations overlapped with the categories read to participants, it appears that many first came in contact with the ADRC through a representative visiting their homes or the facilities where they were residing (e.g., rehabilitation center, assisted living), referrals from family or friends, or printed materials such as business cards and mailings. Some were introduced to the services as a result of a health concern or hospitalization. Social workers and other public workers also played a role in promoting the ADRC. The website continued to have low levels of use among those interviewed.

Call Center

The ADRC call center is the major entry point into the ADRC. Although over two-thirds of participants reached a person when they first called the ADRC, about 30% of Round 3 participants reported that they reached an answering machine or automated message system. Although improvements have been made over the three rounds of surveys, the ADRCs are still falling short of the standard that 85% of callers will receive a return call within 24 hours. This year the ADRCs came closer (17%) to meeting the standard that no more than 15% would report that their wait for a call back was “much too long.”

ADRC Building

Going to the ADRC building was the initial point of contact for 17% of participants, although about one-third had been to the ADRC building at least once. This is a smaller percentage than that reported in previous surveys. Standards for ease in finding the building and convenience of the ADRC location were met. In Round 3, the ADRC fell just short of meeting the standard 40% of participants would wait less than 5 minutes before seeing someone. They did meet the standard that no more than 10% would report waiting 20 minutes or longer. Very few people (5%) reported they had waited too long.

Information and Referral/Assistance

Good information and referral and assistance (I&R/A) requires knowledgeable staff who communicate clearly with callers. This involves helping callers to understand the service system and providing clear explanations about how to get the help needed. Good service involves

providing relevant materials about resources available. Such assistance will result in timely access to needed services. We were interested in how well ADRC staff provide person-centered services and the extent to which services are based on the unique circumstances of the caller. One indicator is whether participants feel listened to and understood. The overwhelming majority of participants continue to report that the staff person they talked with had spent enough time with them, with the percentage increasing from Round 2 to Round 3. Virtually all participants indicated the person they talked with was very knowledgeable (78%) or somewhat knowledgeable (18%), easily meeting the benchmark of 85% overall. All though not statistically significant, this continues to be a positive trend. Participants praised staff for their overall knowledge, though staff appear somewhat less able to convey their knowledge in a way that helped some participants understand how to get the help and information they needed. As in previous years, the ADRC fell short of its standard that 85% would report staff as good or excellent in explaining how to get help or information. Nineteen percent rated staff poor or fair in this area. Still, over half of 2013 participants rated staff as excellent in their explanations, an increase over previous years. Nearly two-thirds of participants received written materials; fewer Call Center consumers received materials compared to OC consumers. Of all of those who did receive materials, over 90% reported they were relevant to their concerns, meeting the ADRC standard. Call Center consumers were less likely than OC or home visit consumers to receive services.

Options Counseling

OC consumers were asked a more extensive list of questions specific to that service than those who used the Call Center only. The number of people receiving OC services continues to increase and is reflected in our ability to recruit more OC consumers to participate in the Round 3 survey. Round 1 had only 11, Round 2 had 71, and with Round 3 we were able to interview 102. As in previous rounds, many people who were not identified as OC consumers in the database reported that they received a home visit. Because this is indicative of a high level of service need, these individuals were asked the same questions posed to OC consumers. These included questions about home visits (not all OC consumers received home visits), decision support, action plans and follow-up, and outcomes. In general, consumers who received home visits, especially OC consumers, were more likely to be cognitively impaired and have physical care needs. They identified service needs for help in the home, personal care, transportation, home modification, and caregiver support.

Home Visits

The percentages of participants reporting a home visit were similar in Rounds 2 and 3 (40%). No benchmarks specific to the home visits were established. However, participants who received home visits were asked to describe the timeliness of the visit. Approximately 25% across surveys reported receiving a home visit within two days of their contact with the ADRC, although one-third waited more than a week. Although the difference is not statistically significant, the proportion of those receiving a home visit has declined, falling from 80% in Round 2 to 71% in Round 3. Round 3 levels were quite similar to Round 1. Similarly, fewer call center consumers reported a home visit (28% in Round 2, 23% in Round 3). The perceptions of the timeliness of the service have generally been positive, especially for OC-designated

consumers, with nearly half of those in 2013 reporting that the wait was short and timely and just over half indicating there had been some wait, but that it was reasonable. Less than 10% have indicated the wait was too long and these tended to be non-OC consumers who had received a home visit.

As in previous surveys, 2013 participants who received home visits found them valuable. About two-thirds said they were very helpful, another 22% found them somewhat helpful; 10% found them not too helpful or not at all helpful, similar to Round 2 responses. Participants almost uniformly (90%) reported feeling very comfortable with the person who did the home visit. An important finding is that the majority of participants reported that the person who visited them in their homes identified an additional need and the participants agreed with the staff's assessment. However, family participation in these home visits declined from Round 2 to Round 3, with participation of family higher for OC consumers than Call Center participants with home visits. As before, participants indicated there was a great deal of agreement with family members when they were present at the home visit. Although more participants in Round 3 indicated disagreements with family members than in the past, this reflected less than 10% of the sample. Over $\frac{3}{4}$ reported that family meetings with the person from the ADRC had been very helpful.

Decision Support

The ability to make informed decisions is contingent on understanding the service system and available choices. Furthermore, decision support includes assistance in exploring those choices, and receiving support for the choices made once the options have been considered. Participants were generally positive about assistance received in understanding the service system; more than half of participants rated the ADRC person as excellent in this regard and another 29% rated them as good, thus meeting the ADRC benchmark. At the same time, 17% rated them as fair or poor, a consistent percentage over the years.

In spite of difficulties or uncertainties related to understanding the service system, understanding about available options improved after receiving options counseling and/or home visits. However, the standard of 75% reporting better understanding has not been met during the past two rounds of surveys. The benchmark that 80% of participants would rate the person from the ADRC as good or excellent in helping them to explore choices has been met consistently, with the percentages of those giving the rating of "excellent" increasing each year. At the same time, 15% continue to provide poor or fair ratings, similar to previous years.

The vast majority of participants indicate that the ADRC is doing a good or excellent job of considering their opinions, likes and dislikes before recommending services, although at 89%, the Round 3 rating was just below the 90% benchmark. The percentage that give an excellent rating has increased over time, so this trend is in the positive direction. Similarly, ADRC staff receive high marks in supporting consumer decisions, exceeding the 80% standard. OC consumers with home visits were most likely to give excellent ratings for support of consumer decisions. Almost no one felt staff was trying to talk them into things that they did not want, a decline from Round 2 (5%) to Round 1 (1%). The percentage of participants reporting they had total control of decision making declined from Round 2 to Round 3, though a larger proportion reported they had most of the control, for a combined 81% of participants reporting that

consumers had most or total control of decision making. Consumers were significantly more likely to report having total control of decision making than family members; this may reflect greater impairment in the consumer population represented by the family.

Action Plans & Follow Up

Assisting consumers in developing actions plans is among the professional standards for options counselors. Those identified as OC consumers (or their family members) as well as those who reported receiving a home visit were asked whether the person they worked with the most helped them to develop a plan. Consistent with previous years, about half of the participants reported receiving this service. More information is needed to determine whether action plans are being developed for all of those who could benefit from or desire to have this service. Not all options counseling consumers or consumers who received home visits were ready or interested in developing these plans. Similarly, many people may be too early in the process to have had plans developed.

Another professional OC standard is that OCs routinely make follow up calls to the consumer. This has not been met in any year of the survey. Those reporting receiving a follow up call did increase from 46% to 62% from Round 1 to Round 2 and then declined in Round 3 (51%). More family members than consumers reported receiving a follow up call. OC consumers with home visits were also more likely to receive a follow up call from the ADRC; OC consumers without home visits were less likely. Similarly, the percentages of consumers or family members indicating that they had contacted the ADRC again declined significantly from Round 2 to Round 3. Consumers were more likely to report repeated contact than family members. Although ADRC consumers and family members seem less connected to the ADRC than in Round 2, over two-thirds reported that it would be very easy for them to contact the ADRC again.

The ADRC standards set by the Advisory Committee include a requirement that 90% of consumers identified as needing follow up by the ADRC, receive a follow up. This encompasses options counseling as well as call center consumers. It is beyond the scope of this survey to determine the extent to which these ADRC standards were met; we do not know who was identified as needing follow up through the call center.

Outcomes (OC consumers & those with Home Visits)

Several indicators of positive outcomes were identified, although no statistically significant changes were identified between Rounds 2 and 3. Overall, these measures indicate that the ADRC is meeting its goals of supporting people in the least restrictive environment. The standard of 70% of consumers living in the place they most desire was exceeded, with 82% providing this response in 2013. However, the higher standard of 80% reporting that they receive enough support to meet their needs and preferences has not yet been met. In 2013, 72% agreed or strongly agreed with that statement, indicating that nearly 30% did not. Similar percentages of participants indicated that they are more independent as a result of the information received, though less than 25% participants strongly agreed with the statement. A substantial majority also agreed or strongly agreed that they were safer in their homes, but at 79% the standard of 80% was narrowly missed.

As in prior surveys, participants were least likely to agree (41%) or strongly agree (17%) with the statement that ADRC services or information allowed consumers to expand or maintain activities outside of their home. A major goal of the ADRC program is to help consumers preserve their resources to delay enrollment in Medicaid. Although the majority agreed or strongly agreed with the statement that ADRC services or information helped consumers make the most of personal money and resources, the standard of 70% agreement was not met; nearly 40% disagreed or strongly disagreed with this statement. Similarly, the majority reported they were ultimately able to find affordable services, but 36% indicated that they disagreed or strongly disagreed with that statement. These results indicate a sizeable number of participants had unmet needs at the time of the interviews.

OC consumers who received home visits were the group most likely to say that the ADRC had been very helpful. Those who had home visits, whether designated as OC consumers or not, were also more likely to say they would have been much worse off without the ADRC. OC services are clearly meeting these consumers' needs.

Public Programs and Assistance – Services Used (Streamlined Eligibility Determination for Public Programs)

As in previous years, although most participants identified at least one need for service (the average was 4.7 needs), many fewer participants (33%) reported receiving services. The average number of services received by these individuals was 2.5; two-thirds received two or more services. OC consumers with home visits were most likely to receive assistance. Just over half (54%) reported that the ADRC helped them with paper work. The service received most (55%) was help getting benefits and financial assistance. This was followed by access to information about other benefits, transportation, information about managing health, and meals (home delivered or at meal sites). Most participants indicated that services were received in a timely manner. With the exception of receiving a call back from the ADRC, standards for timeliness of services were achieved. One trend to watch, however, is that 2013 participants were significantly less likely to report services being arranged promptly for meals services, assistance with benefits, and financial assistance. These are among the major reasons people contact the ADRC and typically represent people who have immediate and urgent needs. Similarly, ratings of helpfulness were high remaining the same or improving from Round 2 to Round 3. At the same time, 24% reported that they had concerns that the ADRC had not addressed, which is consistent with previous years.

Recommendations

Information, Referral, and Awareness

- Continue efforts to reach potential ADRC consumers using multiple outreach methods. Personal contact appears to be key.
- Continue efforts to assure that callers reach a person when contacting the ADRC or receive a timely response if they reach an automated system or voice mail.
- Consumers and family members feel that ADRC Information & Assistance staff are knowledgeable, but could improve on explaining to consumers how to go about getting help and obtaining services.

Options Counseling

- Home visits are beneficial to those who receive them and participants feel very comfortable with the staff who come to their homes; OC consumers with home visits are among the most satisfied of ADRC consumers and report the most positive outcomes.
- Explore reasons why the percentage of OC consumers who receive home visits has declined. This may be related to the timing of the survey, but the ADRC may want to monitor this service to ensure that those who wish and could benefit from home visits receive them.
- OC staff are doing a good job of providing decision support, consistently meeting ADRC standards.

Services

- Consumers and family members are generally quite satisfied with the services they receive. However, fewer participants indicated that they received services than had indicated they had a need. More effort and resources are needed to identify and help consumers who do not qualify for Medicaid yet have limited resources to purchase or obtain services.
- Across all categories of consumers, about one-fourth report they have concerns that have not been addressed by the ADRC. Some concerns could be met with improved customer service, others involve more information and increased availability of services.
- It is critically important to support I&A and OC staff; positive ratings of staff are associated with participants' understanding of options and their ratings of outcomes such as living where they desire, feeling safe, having needs and preferences met, preserving resources, and ultimately finding the help they need.

Consumer Satisfaction with Aging & Disability Resource Connection (ADRC) Services: Round 3

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This report describes the third round of consumer satisfaction surveys conducted with users of Aging and Disabilities Resource Connections (ADRC) of Oregon. The ADRC is part of a national program of the Administration for Community Living (ACL), the Centers for Medicare and Medicaid (CMS), and the Veterans Health Administration. ADRCs are present in all 50 states and in 4 Territories and serve as a single entry point into the long-term services and supports systems for older adults and those with disabilities. In Oregon, the program was developed through a pilot program with three Area Agencies on Aging (AAA): Cascades West Council of Governments, Lane Council of Governments, and Northwest Seniors & Disability Services. Together, these AAAs serving 9 contiguous counties and 31% of Oregon's population. Four AAAs in the Portland metropolitan area have partnered to form an ADRC, including those located in Multnomah, Washington County, Clackamas, and Columbia Counties. The newest AAAs to join the ADRC program are Rogue Valley Council of Governments and Central Oregon Council on Aging.

As described in previous reports, Options Counseling (OC) is a core service of ADRCs and involves an interactive process between an options counselor and consumers, family members, caregivers and significant others to support informed decision making consistent with the consumer's preferences, strengths, needed services, values and unique circumstances. In 2010-2011 professional standards were developed for options counselors in Oregon (White, Tressider, Carder, Truxillo, Barios, & Jackson, 2012). This was followed by the development of ADRC standards based on consumer expectations of all ADRC services including Information & Assistance, options counseling, access to services, (ADRC, 2013). As in previous reports, this report is organized according to the consumer-based standards.

Round 3 of the Oregon ADRC consumer satisfaction survey was conducted between October 18 and November 2, 2013. The consumer satisfaction survey focused on three of the core ADRC functions: 1) information, referral, and awareness; 2) options counseling; and 3) streamlined eligibility determination for public programs.

Results from the Round 3 survey are compared to previous results. As indicated in the 2013 report describing Round 2, the usefulness of comparisons between Rounds 1 and 2 were limited because only the three original pilot ADRCs were included and very few of the participants received options counseling services. Rounds 2 and 3 are more comparable and therefore will be the focus of most of the comparisons. It is important to note, however, that

interviews with call center consumer participants occurred within six weeks of their contact with the ADRC. Consumers of OC services were interviewed within 2½ months of contact with the ADRC and many were interviewed within days of their first contact. This is a shorter time frame than in previous surveys. A shorter time between contact with the ADRC and interviews is beneficial because participants' memories of ADRC services are likely to be clearer and they are less likely to confuse ADRC with other services. However, it also means that the ADRC has less time than in previous rounds to respond to consumer needs and help connect them to services.

Participants

A random sample was drawn from all ADRC call center users (n=724) who were in contact with the ADRC between September 1 and October 3. All users of Options Counseling (OC) services between August 1 and October 10, 2014 (n=379) were included in the sample. Based on the previous surveys, we determined this sample size was needed to reach a goal of 300 completed interviews. Our intent was to increase the proportion of OC consumers in the sample and we were successful in meeting that goal, accounting for 34% of the Round 3 sample compared to 23% in Round 2.

Interviews were conducted by the Portland State University Survey Research Lab over a 13-day period in November 2013; length of interviews averaged about 19 ½ minutes. Of the 1,003 random numbers, 919 (83%), were deemed to be eligible numbers, an improvement on the 71% eligible numbers for Round 2. Ineligible numbers included 8% where interviewers could not reach someone knowledgeable about the service, 8% were non-working numbers or disconnected phones, 4 numbers were for a social service agency or individual. Ultimately, 3 additional participants who completed the survey were excluded from the sample and subsequent analysis because they were service providers. Interviews were not conducted with 331 (36%) possible participants because the telephone numbers only reached answering machines. The refusal rate of 15% (based on eligible numbers) was relatively low. Overall, the completion rate for eligible numbers was 33%. The total sample of 298 completed interviews comprised of 196 call center users and 102 users of OC services.

Table 1. Round 3 sample distribution

	Pilot Sites		Multnomah Washington Columbia Clackamas		Emerging ADRCs		Total	
	Total Sub-sample	Completed N %	Total sub-sample	Completed N %	Total Sub-sample	Completed N %	Sample N %	Completed N %
Options Counseling	77	27 (35%)	283	70 (25%)	18	5 (28%)	378	102 (27%)
Call Center (I&A)	352	96 (27%)	234	65 (28%)	136	35 (26%)	722	196 (27%)
Total	430	123 (23%)	517	135 (26%)	154	40 (26%)	1100	298 (27%)

The distribution of consumers around three geographical regions were as follows: a) 123 consumers came from the three original ADRC pilot sites, b) 135 were located in counties serving the Portland-Metropolitan area (Multnomah, Washington, Columbia, and Clackamas Counties), and c) 40 consumers lived in regions with emerging ADRCs (e.g., Rogue Council of Governments, Central Oregon Council on Aging). More information is presented in Table 1.

Of the 298 participants surveyed, 210 were consumers and 88 were family members. The demographic characteristics of each group are presented in Table 2. A higher proportion of participants were family members in Round 3 (30%) than in Round 2 (10%). The proportion of women was similar for both consumers and family members, though fewer of Round 3 family members were women compared to Round 2. The age range was similar across Rounds, although it extended into a lower age group for consumers, perhaps reflecting a greater number of adults with disabilities are being served by the ADRC. The median educational level for both families and consumers was some college, representing an increase in the educational level for the Round 3 consumer sample. Median income levels remained the same over time, at \$10-20,000 for consumers and \$30-40,000 for family members. The sample remained predominantly White. Responses of consumers and family members to the survey were similar for most survey items. Therefore, most of the data presented in this report combine consumers and family members. Significant differences that did occur between the two groups are noted in the text and tables. One notable difference is included in Table 2 and involves concern about memory loss and confusion. Family members were significantly more likely to express this concern (45%) than consumers (15%). This likely reflects greater levels of impairment present in the consumers of services requiring family members to call and/or arrange services on their behalf.

Table 2. Sample Characteristics for Round 3

Participants	Total Sample (N=298)			
	Consumer		Family	
	#	%	#	%
Number	210	70	88	30
Women	153	73	67	75
Mean Age	69 years		59 years	
Age Range	43-93		31-92	
Median Education	Some college	30	Some college	35
Median Income	\$10-20,000	41	\$30-40,000	15
Number/Percent White	188	90	74	85
Concern about memory loss/confusion	32	15	39	45

Options Counseling Consumers. In Round 3, efforts were made to maximize participation of OC consumers from the pilot and emerging ADRC sites. Twenty-seven (26%) of OC consumers came from the pilot projects, 69% from the ADRC serving the Portland metropolitan area, and 5% from the emerging ADRCs. This generally reflects the greater numbers of OC consumers served in the Metropolitan areas.

As in previous surveys, participants were asked if they had received a home visit. Although home visits are associated with OC services, 45 (15%) of call center consumers who were not identified in the database as receiving OC services indicated they had received a home visit (see Table 3). This percentage is lower than in previous surveys and may reflect improvements in the ADRC database.

Table 3. Sample by Options Counseling and Home Visit Categories (2012 & 2013)

	2012		2013	
	N=297	Percent	N=292	Percent
Options Counseling, home visit	57	19%	73	25%
Options Counseling, no home visit	14	5%	27	9%
Call Center consumer, home visit	64	22%	45	15%
Call Center consumer, no home visit	162	55%	147	50%

Measures

The survey instrument used was developed to evaluate consumer satisfaction with specific aspects of the ADRC and OC Services as described in previous reports (White, Elliott, Carder, & Luhr, 2012; White & Elliott, 2013). Two additions were made to the Round 3 survey. First, participants were asked whether they or their family member had experienced confusion or memory loss during the past 12 months. They were also asked if it was getting better, staying the same, or getting worse. The intent was for all participants to answer these question. Inadvertently only for those reporting that they received OC services or had a home visit were asked these questions. Second, all participants were asked the best way for the ADRC to provide them with information. Categories provided were: written materials, personal contact, Internet, local media, presentations at social gatherings, and other.

Results

This report includes comparisons of consumer satisfaction reported across three rounds of consumer surveys. The results are organized according to the *ADRC of Oregon Core Standards for Fully Functioning ADRCs in Oregon* (January 2013). Three of the five core functions of the ADRC were addressed in this survey. The first is information, referral and awareness. Specific issues addressed include pathways to the ADRC, Call Center customer service, access to the ADRC building, overall ADRC experience, and information and assistance. The second function focuses on options counseling and explores the extent to which options counselors are meeting professional standards. Outcomes attributed to ADRC services were also identified. The third core function is streamlined eligibility determination for public programs. This function was examined by asking consumers about accessing services, the services ultimately received, and unmet needs and concerns.

In the tables that follow, percentages may not add to 100% due to rounding error. Sample size for responses to each question are included. Differences in number of responses for each question are related to whether participants received the long or short form of the survey and whether participants answered the question they were asked. Generally, “don’t know” and “refused to answer” responses were counted as missing data and, unless otherwise noted, are not reflected in the tables.

Information, Referral, and Awareness

Pathways to the ADRC

Need. People seek support from the ADRC because of multiple needs. In Round 1, we asked the open-ended question: *Can you tell me a little about why you were in contact with the ADRC?* Responses were coded into categories of health, help in the home, financial assistance, and housing; 13 subcategories were identified. Participants often identified more than one reason. In Rounds 2 and 3, we asked participants about each of those service categories (see Table 4); once again participants frequently identified more than one type of need. In addition, the same open-ended question was posed at the beginning of the Round 2 survey and representative responses are also presented in Table 4. As in earlier surveys, more than half of the participants mentioned needs related to physical health as a primary reason for contacting the ADRC; this was second only to seeking general information or advice. Over one-third of the participants reported a need for help at home and/or financial assistance with paying for health care through Medicaid or other benefits. In 2013, fewer participants reported the need for assistance to obtain food stamps. This may reflect the larger proportion of family members in the sample since consumers are significantly more likely to seek assistance with food stamps than family members. Reasons for contacting the ADRC for between about one-fourth and one-third of participants both years included help with personal care (more often reported by family members), transportation, help with medications, and concerns with confusion or memory loss (also more frequently reported by family members). In general, responses over the two years were similar with three exceptions. In addition to differences with respect to help getting food stamps, participants less likely to be contacting the ADRC for help paying energy bills or for dental care. Call Center participants differed significantly from OC participants in that they more likely to identify financial needs related to medical benefits, food stamps, and housing. OC participants were significantly more to need personal care services.

A new question was posed this year to better determine the level of impairment experienced by consumers, either reported themselves or by their family members. First, they were asked if they had experienced confusion or memory loss in the past 12 months (Table 5). Family members were significantly more likely than consumers to report a cognitive problem, possibly reflecting the different populations represented by respondent type. Family members were likely calling on behalf of a more impaired segment of the population compared to consumers who were answering the survey for themselves. Second, family members were more likely to report declines over the past year (73%), and consumers were more likely to report their cognitive status remaining the same (Table 6). Unfortunately, not all participants were asked

these questions. Instead only those designated as OC consumers or those who reported a home visit were included. This will be remedied in future surveys. A greater proportion in this subsample, however, identified a cognitive problem than those who reported cognitive issues as a reason for contacting the ADRC. This is consistent with the greater need reported by OC consumers and others who received home visits.

Table 4. Reasons for Contacting the ADRC

Service Type	2012 N (%)	2013 N (%)
General information/advice^a <i>They called me and told me I had all these benefits. I had no idea I had many of these.</i> <i>To see what kind of services were out there to help my husband and I, and a direction to go to find him care.</i> <i>Usually if I contact them it is a question with something I received in the mail or clarifying something or verifying what I need to do or don't need to do; making sure that everything is on track. If I am looking for resources, then I contact my worker and that worker refers me to the helpline for those resources.</i>	222 (73%)	212 (71%)
Physical health needs <i>My husband had been ill and we needed to see what options we had to help.</i> <i>I was incapacitated. I couldn't walk and I had an inspection coming up with the H.U.D. I was just too sick and I wanted to pass my inspection and just in the nick of time they put me in touch with a doctor and put me on medicine.</i>	161 (54%)	177 (60%)
Help at home (making meals, housekeeping, laundry, yard work) <i>I am homebound, I can't cross streets, I have every disorder there is. I needed help with volunteers.</i> <i>I was trying to get some help. I am disabled and don't get around well. I needed my family to come in and do my work.</i>	113 (37%)	103 (35%)
Help getting food stamps^{b, c} <i>I was inquiring about food stamps.</i> <i>They put us in an age group where Senior Services becomes your caseworker. I got my supplemental food stamps and a bus pass from them.</i> <i>I lost my wallet and I had to get my food card back. I also had to redo my food and medical for the next year.</i>	105 (35%)	80 (27%)
Help with Medicaid or paying for medical care <i>I had to qualify my father for Medicaid and jump through a lot of hoops as there are a lot of pieces to trying to qualify someone.</i> <i>I was almost forced into retirement. I just turned 62 and couldn't live on what I was getting from retirement, I couldn't afford my medical. My daughter found this program and signed me up.</i>	104 (35%)	100 (34%)

Service Type	2012 N (%)	2013 N (%)
Help with Personal Care^a <i>We were trying to get me some help, like cleaning my house, and personal care issues that I have with my illness.</i> <i>My wife is disabled and they give her home care. We had nurses in and we had disability-type actions like therapy.</i>	87 (29%)	95 (32%)
Help with transportation <i>I can't see well enough to drive with a driver's license and I needed to go to the doctor.</i> <i>I use a wheelchair to get around. They have the facility to take you in your wheelchair to any place in town you need to go to.</i>	99 (33%)	92 (31%)
Help with medications <i>My husband was having to stay home alone and is unable to keep track of his medications. I would take him to the hospital about every month since he could not keep track of his medicine.</i> <i>I need help. I take a lot of medications. I couldn't remember if I took them.</i>	78 (26%)	73 (25%)
Confusion or memory loss^a <i>I needed assistance and was very confused about many things after my stroke. I needed help with finances and legal services, and I needed food and community.</i> <i>I wanted to learn about Alzheimer's and dementia because my wife has it, wanted to find out more information how to keep her at home.</i>	74 (25%)	71 (24%)
Help paying for energy bills^{a, d} <i>They thought that I might be able to draw my husband's retirement, which wasn't possible, and the other was with the light company, but I already have a discount with them so I didn't need that.</i> <i>. . . I was in a situation where it was the middle of July and I had no air conditioning, and I'm looking forward to the winter with no heat. I got past the air conditioning because I had enough money in my savings to buy a portable air conditioner.</i>	64 (21%)	47 (16%)
Help getting caregiver support or respite^a <i>My mom has dementia and it's getting pretty bad, and sometimes I am getting overwhelmed and I need help. We're trying to see about getting into some memory care units and whether I need to contact them to get help with medications. I was looking into that for respite care as well.</i> <i>I am a caregiver for my aunt and uncle and I realized it was a little beyond my abilities so I contacted to see if I could get any help.</i>	62 (21%)	70 (24%)
Dental care^e <i>I've had 4 heart attacks and a stroke. The last one was caused by an abscess in my tooth 5 years ago. Now because of my sensitive heart I have to go to an oral surgeon to have an anesthesiologist there to get teeth out. I was looking to see how I could get help covering those costs.</i>	58 (19%)	31 (10%)

Service Type	2012 N (%)	2013 N (%)
Did you contact ADRC to get help with anything else that we did not already cover? <i>I wanted to see if there was a lawyer who could help me.</i> <i>They just helped me move. It was a wonderful experience.</i> <i>The caregiver class is teaching me how to take care of myself as a caregiver.</i>	57 (19%)	43 (15%)
Help getting shopping and errands done <i>Because of my age, my situation, I've had both knees replaced and I've had five bypasses and a valve job on my heart, so it would make me a little unsteady and we just wondered if I could get a little help around the house here with cooking or shopping.</i> <i>I'm housebound, I can't get up and do stuff because I have cardiovascular disease in my legs. It's hard for me to clean my apartment or go to the store. I can't drive right now.</i>	53 (18%)	68 (23%)
Help with housing: a) home modification <i>I wanted my home to be insulated correctly and I wanted to have the right lights in the house, and I had some other questions about the home I was about to move in, make sure it was safe, that it would accommodate me in such fashion that I was pleased.</i>	50 (17%)	41 (14%)
Help with housing: b) Finding subsidized housing^b <i>I'm trying to get subsidized housing and also trying to find out what's available as far as help, so they were one of many different agencies I contacted.</i> <i>I'm going to probably need housing. I rent a room right now. I thought I would get on a list for subsidized housing.</i>	50 (16%)	57 (19%)
Help moving into residential care^a <i>I'm 82 and life expectancy is about 10 years and I'm trying to plan for the future. I'm by myself and I live way out in the woods. So I'm just trying to figure out what's available to see about assisted living. I have a family who doesn't like where I live. They are trying to put me in a nursing home, and no one should be put in a nursing home.</i> <i>I was trying to convince mom to go to assisted living and wanted to get strategies and advice for doing so.</i>	36 (12%)	42 (14%)

Note: The quotes in this table come from the Round 3 participants who were asked the open-ended question, *Can you tell me a little about why you were in contact with the ADRC?*

^aFamily members were significantly more likely than consumers to identify this as a reason for contacting the ADRC (Round 3).

^bConsumers were significantly more likely than family members to identify this as a reason for contacting the ADRC (Round 3).

^cParticipants in 2013 were significantly less likely to list food stamps as a reason for contacting the ADRC ($p = .041$).

^dParticipants in 2013 were somewhat less likely to list energy assistance as a reason for contacting the ADRC ($p = .087$).

^eParticipants in 2013 significantly less likely to list dental care as a reason for contacting the ADRC ($p = .002$).

Learning about the ADRC. Consumers find their way to the ADRC in many different ways (Table 7). Pathways were quite similar between Rounds 2 and 3, with referrals from another agency being the most frequently mentioned way for learning about the ADRC. Information from friends followed. Medical staff, family, word of mouth, and the Internet were mentioned by between 6% and 8% each year. Pathways used least were brochures, fliers, phonebooks and the media. A sizeable number, about 9% each year, indicated that they did not know how they had learned about the ADRC. About one fifth of participants listed other ways of learning about the ADRC. It is noteworthy that information from the media has declined from 20% in Round 1 to 3% or less in the more recent surveys.

In 2013, participants were asked the best way the ADRC could provide them information. Nearly half (47%) indicated that personal contact was the best way. Written materials such as brochures and fliers (14%) and mailings (14%) also had some proponents. Very few indicated that the Internet, presentations at social events, or the media would be best.

Table 5. During the past 12 months have you experienced confusion or memory loss? (Asked first in 2013 to OC consumers)

	Consumer (n=69)	Family (n=25)	Total (n=94)
Yes	20 (29%)	12 (48%)	32 (34%)

Note: Family members were significantly more likely to report confusion or memory loss than consumers.

Table 6. Changes in memory loss over the past 12 months.

	Consumer (n=19)	Family (n=11)	Total (n=30)
Getting better	3 (16%)	1 (9%)	4 (13%)
Getting worse	6 (43%)	8 (73%)	14 (45%)
About the same	10 (53%)	2 (18%)	13 (42%)

Note: no significant differences between family members and consumers, but response rate was very low, only 30% of those who indicated a memory problem.

Contact. Well over half of participants in all three rounds reported their initial contact with the ADRC was by telephone (Table 8). Significantly fewer participants in 2013 went to the ADRC building as their first contact, although this was similar to the percentage of participants in Round 1. The same pattern was seen for participants reporting that someone from the ADRC contacted them first. Round 3 participants were significantly more likely to report other ways of coming into contact with the ADRC. Although many of these explanations overlapped the categories listed in Table 6, it appears that many of these participants first came in contact with the ADRC through a representative visiting their homes or the facilities where they were residing (e.g., rehabilitation centers, assisted living), referrals from family or friends, or printed materials such as business cards and mailings. Some were introduced to the services as a result of a health concern or hospitalization. Social workers and other public workers also played a role in promoting the ADRC.

Website. Although the majority of participants reported having access to a computer (74% Round 1, 68% Round 2, 70% Round 3), only 15% in each of the three rounds rated their skills as excellent. Equally consistent, nearly 2/3 reported their computer skills to be fair or poor. As before, very few participants (3% in Round 3) made their initial contact with the ADRC through the website. At the same time, the percentage of participants reporting that they have used the website has increased significantly (Table 9), from 10% to 16% between Rounds 2 to 3. Compared to previous years, a larger proportion of participants who used the website found it difficult to use, although the majority still found it somewhat easy or very easy to use.

Table 7. How did you first learn about the ADRC?

	Round 1 (n=247)	Round 2 (n=303)	Round 3 (n=298)
Referral from another agency	11%	21%	23%
Friend	15%	13%	16%
Hospital/clinic/doctor/nurse	13%	9%	8%
Family	1%	8%	8%
Nursing home/assisted living	4%	2%	3%
Phone book	7%	2%	2%
Recommendation/word of mouth	4%	6%	6%
Brochure/flyer	6%	5%	3%
Media/newspaper/TV/radio	20%	2%	3%
Internet	4%	6%	6%
Other (please specify)	15%	20%	22%

Note: About 9% each year reported that they did not know.

Table 8. How did you first come in contact with the ADRC?

	Round 1 (n=230)	Round 2 (n= 287)	Round 3 (n=283)
By telephone	66%	59%	60%
Went to the office, in person ^a	17%	21%	16%
They called me ^a	6%	12%	7%
Email	<1%	-	1%
Through the website	1%	1%	3%
Other (please specify) ^a	9%	8%	14%

^aParticipants in 2013 significantly less likely to report going to the ADRC in person or having someone call them. They were significantly more likely to indicate “other” as the source of learning about the ADRC (p = .005).

Table 9. ADRC website

	2011-2012 (n=243)	2012 (n=296)	2013 (n=280)
Participants using the website	n=31; 13%	n=31; 10%	n=44; 16%
Number of times participants used the website	(n=31)	(n=30)	(n=51)
1 time	29%	20%	33%
2 to 3 times	55%	43%	37%
More than 3 times	16%	37%	29%
Ease of using the website	(n=28)	(n=27)	(n=51)
Very difficult			10%
A little difficult	14%	7%	12%
Somewhat easy	32%	48%	35%
Very easy	54%	44%	43%

Call Center

The ADRC Call Center is the major entry point into the ADRC and is where older adults and those with disabilities are connected to the services they need. Those whose first contact with the ADRC was by telephone were asked several questions about Call Center services, including whether the phone was answered by a person, and, if not, how long it took for someone to call them back. The percentage of participants reporting having the phone answered by a person has steadily increased and is now more than two-thirds of ADRC consumers (see Table 10).

About 30% of 2013 callers reached an answering machine or automated message system. The ADRC benchmark is that 85% of callers who leave a message will receive a call back within 24 hours, based on the normal work week. Although the percentage of participants receiving a response by the next day improved between Rounds 2 and 3 (57% to 66%), the ADRC is still falling short of this standard (Table 11). Similarly, progress is being made in participants ratings of timeliness of response, although this was not statistically significant. In 2013, most participants reported the response time was prompt and timely (46%) or the wait was reasonable (38%). Those indicating the wait time was much too long declined from 21% to 17%, narrowly missing the standard of no more than 15% reporting waiting much too long (Table 12).

Table 10. [For those whose first contact was by phone] When you called the ADRC, was the phone answered by...

	2011-2012 (n=134)	2012 (N=146)	2013 (n=144)
A person	63%	66%	69%
An answering machine	12%	17%	10%
An automated message system	25%	17%	21%

Table 11. When did someone from the ADRC get back to you?

	2011-2012 (n=44)	2012(n=48)	2013 (n=47)
Response categories in 2011-2012			
On the same day	20%		
In the same week	68%		
More than a week	11%		
Response categories in 2012			
On the same day		15%	21%
The next day		42%	45%
2 to 4 days		29%	23%
5 or more days		15%	11%

Table 12. Do you think that the ADRC's response time was . . .

	2011-2012 (n= 48)	2012(n=49)	2012 (n=48)
Prompt and timely	23%	35%	46%
Some wait, but was reasonable	48%	45%	38%
Much too long	29%	21%	17%

Note: The standard is that no more than 15% will report the wait is much too long.

Access to the ADRC Building

Access to the ADRC building is important to many and is another means of meeting the needs of consumers and their families. As indicated in Table 8, going to the ADRC building was the initial point of contact for 17% of participants, similar to those reported in Round 1 (16%), but less than that indicated in Round 2 (21%). Similarly, as shown in Table 13, participants in Round 3 were significantly less likely to report that they had ever been to the ADRC building compared to Round 2 participants (32% compared to 41%). Although less interaction is taking place in the actual building during Round 3, the ADRCs are meeting their building access benchmarks for those who did visit the ADRC building, meeting the standard of 90% finding the building very easy or somewhat easy to find. The standard of 85% of consumers finding the building very convenient or somewhat convenient to them was also met (Table 14).

The wait times for people going to the ADRC decline slightly, though differences between Round 2 and 3 were not significant. Still, in 2013, the ADRCs fell somewhat short of the standard that 40% of participants would wait less than five minutes before seeing someone (Table 15). ADRCs barely met the standard in Round 3 that no more than 10% of consumers would wait 20 minutes or more to see someone. At the same time, very few reported that they had not seen anyone at all or that they had had to make arrangements to come back another time. As in previous rounds, the vast majority of consumers reported that the service was very timely,

with half indicating it was prompt and 45% reporting the wait was reasonable. Again, consumers in 2013 easily met the standard that no more than 10% would report that it took “much too long” to see someone at the ADRC (Table 16).

Table 13. Did you ever go to the ADRC building?

	2011-2012 (n=207)	2012(n=245)	2013 (n=251)
Yes ^a	39%	41%	32%
If yes, how easy was it to find?	n=118	n=150	n=120
Very difficult	1%	2%	--
A little difficult	8%	11%	9%
Somewhat easy	20%	16%	12%
Very easy	72%	71%	78%

Note: Standard is 90% will report the ADRC is somewhat or very easy to find.

^a 2013 participants were significantly less likely to go to the ADRC building than 2012 participants ($p = .024$).

Table 14. How convenient was it for you to go to the ADRC?

	2011-2012 (n=120)	2012 (n=155)	2013 (n=123)
Not at all convenient	7%	4%	3%
Not that convenient	14%	8%	9%
Somewhat convenient	24%	27%	31%
Very convenient	55%	61%	57%

Note: Standard is 85% report that it was somewhat or very convenient to go to the ADRC.

Table 15. When you first went to the ADRC, how long did you have to wait to see someone?

	2011-2012 (n=121)	2012 (n=152)	2013 (n=120)
Less than 5 minutes	34%	42%	38%
Between 5 and 20 minutes	46%	43%	49%
Longer than 20 minutes	11%	7%	10%
I had to arrange another time to come back	3%	3%	2%
I did not see anyone	2%	5%	2%

Note: Standards are that 40% report that they waited less than 5 minutes to see someone and no more than 10% report waiting more than 20 minutes to see someone.

Table 16. Do you think that your wait time to see someone was...

	2011-2012 (n=114)	2012 (n=142)	2013 (n=117)
Short and timely	43%	50%	50%
Some wait, but was reasonable	53%	46%	45%
Much too long	4%	4%	5%

Note: Standard is fewer than 10% report it took “much too long” to see someone.

Information and Referral/Assistance

Good information and referral and assistance (I&R/A) requires knowledgeable staff who communicate clearly with callers. This involves helping callers to understand the service system and providing clear explanations about how to get the help needed. Good service involves providing relevant materials about resources available. Such assistance will result in timely access to needed services. Standards established for I&R/A services through the ADRC included that 85% of participants would report staff to be knowledgeable and good or excellent at explaining how to get help and information needed, 90% who received written materials would find them relevant, and 80% would describe the staff as good or excellent in helping them understand the service system. Finally, no more than 20% of participants would report waiting “much too long” to receive services.

A focus of the survey was to determine how well ADRC staff provide person-centered services and the extent to which services are based on the unique circumstances of the caller. One indicator is whether participants feel listened to and understood. To tap this, we asked whether the staff at the ADRC spent enough time with them to understand their concerns. As shown in Table 17, the overwhelming majority of participants continue to report that the staff person they talked with had spent enough time with them, with the percentage increasing from Round 2 to Round 3. Virtually all participants indicated the person they talked with was very knowledgeable (78%) or somewhat knowledgeable (18%), easily meeting the benchmark of 85% overall (Table 18). All though not statistically significant, this continues to be a positive trend.

Table 17. Do you think that the person at the ADRC spent enough time with you to understand your concerns?

	2011-2012 (n=243)	2012 (n=292)	2013 (n=293)
Yes	87%	86%	90%

2013 participants somewhat more likely to say the person from ADRC spent enough time with them ($p = .09$).

Table 18. How knowledgeable was this person about helpful resources and services?

	2011-2012 (n=237)	2012 (n=286)	2013 (n=281)
Not at all knowledgeable	3%	3%	2%
Not that knowledgeable	5%	4%	1%
Somewhat knowledgeable	18%	20%	18%
Very knowledgeable	74%	73%	78%

Note: Standard is 85% will report that the ADRC staff person was somewhat or very knowledgeable.

Although participants praised staff for their overall knowledge, staff appear somewhat less able to convey their knowledge in a way that helped some participants understand how to get the help and information they needed. As in previous years, the ADRC fell short of its standard that 85% would report staff as good or excellent in explaining how to get help or information (Table 19). Nineteen percent rated staff poor or fair in this area. Still, over half of 2013 participants rated staff as excellent in their explanations, an increase over previous years. Nearly two-thirds of participants received written materials (Table 20). Of those who did, over 90% reported they were relevant to their concerns (Table 21), meeting the ADRC standard.

Table 19. How would you rate this person on explaining how to get the help or information you needed?

	2011-2012 (n=243)	2012 (n=296)	2013 (n=293)
Poor	10%	8%	7%
Fair	9%	10%	12%
Good	31%	29%	27%
Excellent	49%	49%	53%

Note: Standard is 85% will report that ADRC staff were good or excellent at explaining how to get the help and information needed.

Table 20. Written materials?

	2011-2012 (n=235)	2012 (n=288)	2013 (n=289)
Yes	72%	66%	64%

Table 21. Were the materials relevant to your concerns?

	2011-2012 (n=162)	2012 (n=178)	2013 (n=180)
Yes	92%	89%	92%

Note: Standard is that of those receiving written materials, 90% will report they are relevant to their concerns.

Table 22. Timeliness of Services

	2011-2012			2012			2013		
	Prompt	Reasonable	Too long	Prompt	Reasonable	Too long	Prompt	Reasonable	Too long
Receiving a call back ^a	23%	48%	29%	35%	35%	20%	46%	38%	17%
Seeing someone at the ADRC building ^b	43%	53%	4%	50%	46%	4%	43%	51%	6%
Receive a home visit ^b	45%	45%	9%	36%	57%	7%	43%	51%	6%
Housekeeping services ^b	33%	42%	25%	59%	37%	4%	62%	31%	6%
Home modification ^b	43%	57%	-	50%	50%	0	64%	27%	9%
Personal care ^b	77%	23%	-	50%	43%	7%	75%	17%	8%
Meals services ^{b, c}	83%	17%	-	88%	12%	0	65%	35%	-
Managing health ^b	68%	32%	-	74%	22%	4%	52%	48%	-
Benefits, financial assistance ^{b, c}	36%	64%	-	48%	42%	9%	29%	63%	8%
Managing money, assets ^b	Not asked in Round 1			100%	0%	0	67%	33%	-
Transportation ^b	70%	25%	5%	78%	19%	0	48%	48%	4%
Legal services ^{b, c}	25%	74%	-	70%	30%	0	30%	70%	-
Other benefits ^b	54%	31%	15%	68%	32%	0	62%	28%	10%

Note: ^a Standard is that no more than 15% will report waiting too long for a returned phone call. ^bStandard is that no more than 20% of participants will report waiting too long for services. ^c 2013 participants significantly less likely to report these services occurring promptly.

As in previous years, with the exception of receiving a call back, few 2013 participants reported waiting much too long for services (Table 22), easily meeting the benchmark that no more than 20% would report waiting much too long for these services. As described earlier, although the standard was not met for receiving a call back, it came much closer to the standard in 2013.

One trend to watch, however, is that participants in 2013 were significantly less likely to report services being arranged promptly for meals services ($p = .017$), assistance with benefits and financial help ($p = .007$), and legal services ($p = .038$). The number of people using legal services was quite low, especially in year 2, so these latter findings may not be meaningful for that category of services. Still, meals services and access to benefits and assistance are among the major reasons people contact the ADRC and typically represent people who have immediate and urgent needs.

As indicated in previous reports, the Advisory Committee established a standard that 90% of Call Center consumers identified by I&R/A staff as needing follow up by the ADRC would receive that follow up. Determining whether this standard was met is not possible through the consumer satisfaction data. Evaluating success in meeting this standard will require review of the ADRC database.

Overall ADRC Experience

Standards for the overall ADRC experience include having staff that are courteous, respectful, and responsive, and services that are easily accessible. The performance benchmarks are that 85% of participants will report that ADRC staff are very respectful, 55% will report receiving all of the information they needed, and at least 35% will report receiving some of the information they need. Finally, the expectation is that 75% will report that it would be easy or very easy to contact the ADRC again.

Participants consistently have provided high ratings of respect (Table 23), with the vast majority rating staff as very respectful, a significant increase from Round 2 to Round 3. The ADRC standard was met fully. The standard of receiving all of the information needed was nearly met, with 54% reporting this had happened for them (Table 24). This is consistent with previous years. The standard for receiving some of the information needed was met. As in Round 2, 2013 consumers were more likely than family members to report they had received all of the information they needed. With respect to future contact, over two-thirds of participants reported that it would be very easy for them to contact the ADRC again, with nearly 20% reporting it would be somewhat easy (Table 25), easily meeting the standard of 75% of participants finding it somewhat or very easy to contact the ADRC again. These responses are similar to previous years, although the proportion of people reporting it would be somewhat or very difficult declined from Round 2 to Round 3.

Table 23. How respectful was the person with whom you worked the most?

	2011-2012 (n=242)	2012 (n=291)	2013 (n=291)
Not at all respectful	<1%	1%	<1%
Not that respectful	3%	2%	1%
Somewhat respectful	10%	9%	6%
Very respectful	87%	88%	93%

Note: Standard is 85% will report that ADRC staff are very respectful
2013 participants were significantly more likely to report that state were “very respectful” ($p = .045$).

Table 24. When you first contacted the ADRC, did you receive none, some, or all of the information you needed?

	2011-2012 (n=241)	2012 (n=283)	2013 (n=285)
None	10%	7%	9%
Some	34%	37%	36%
All	55%	54%	54%
No Information Needed	1%	1%	<1%

Note: Standard: at least 55% of consumers report receiving “all” of the information they needed; at least 35% of report that they received “some” of the information they needed. Significant differences in responses are noted for consumers and family members, with consumers more likely to report receiving all of the needed information.

Table 25. If you needed to contact ADRC, how easy would that be?

	2011-2012 (n=241)	2012 (n=291)	2013 (n=291)
Very difficult	12%	6%	5%
Somewhat difficult	17%	12%	8%
Somewhat easy	22%	15%	19%
Very easy	49%	67%	68%

Note: Standard is that 75% of consumers report that it would be easy or very easy to contact the ADRC again.

Options Counseling

The number of people receiving Options Counseling (OC) services continues to increase and is reflected in the recruitment of more OC consumers to participate in this survey. Round 1 had only 11, Round 2 had 71, and with Round 3 we were able to interview 102. As in previous rounds, many people who were not designated as OC consumers reported that they received a home visit (Table 3). Because this is indicative of a high level of service need, these individuals were asked the same questions posed to OC consumers. These included questions about home visits (not all OC consumers received home visits), decision support, action plans and follow-up, and outcomes.

Home Visits

The percentages of participants reporting a home visit were similar in Rounds 2 and 3 (Table 26). No benchmarks specific to the home visits were established although home visits is the preferred OC practice. However, participants who received home visits were asked to describe the timeliness of the visit. Approximately 25% across all three Rounds reported receiving a home visit within two days of their contact with the ADRC, although one-third waited more than a week (Table 27).

Although the difference is not statistically significant, the proportion of those receiving a home visit declined from 80% in Round 2 to 71% in Round 3. Round 3 levels were quite similar to Round 1. Similarly, fewer call center consumers reported a home visit (28% in Round 2, 23% in Round 3). The perceptions of the timeliness of the service have generally been positive, with nearly half of those in 2013 reporting that the wait was short and timely and just over half indicating there had been some wait, but that it was reasonable. Less than 10% have indicated the wait was too long (Table 28).

Table 26. Did someone from the ADRC come to your home?

	2011-2012 (n=244)	2012 (n=297)	2013 (n=292)
Yes	27%	41%	40%

Note: In Round 1, 73% of OC consumers and 24% of other ADRC consumers received home visits. For Round 2, 80% of OC consumers and 28% of other ADRC consumers reported receiving a home visit. For Round 3, 71% of OC consumers and 23% of ADRC call center consumers reported receiving a home visit.

Table 27. How long did it take from the time you talked to someone from the ADRC to the time someone visited your home?

	2011-2012 (n=62)	2012 (n=109)	2013 (n=108)
2 days or less	24%	23%	27%
3 to 7 days	40%	50%	42%
More than a week	35%	27%	32%

Table 28. Considering the time you had to wait for the appointment to occur, do you think that the wait time was...

	2011-2012 (n=64)	2012 (n=113)	2013 (n=117)
Short and timely	45%	36%	48%
Some wait, but reasonable	45%	57%	51%
Much too long	9%	7%	6%

As in previous surveys, 2013 participants who received home visits found them valuable (Table 29). About two-thirds said they were very helpful, another 22% found them somewhat helpful; 10% found them not too helpful or not at all helpful, similar to Round 2 responses. Participants almost uniformly (90%) reported feeling very comfortable with the person who did the home visit (Table 30). An important finding is that the majority of participants reported that the person who visited them in their homes identified an additional need and the participants agreed with the staff's assessment (Tables 31-32). However, family participation in these home visits declined from Round 2 to Round 3 (Table 33), though as before, participants indicated a great deal of agreement with family members when they were present at the home visit (Table 34). More participants in Round 3 indicated disagreements with family members than those in the past, however, this reflected less than 10% of the sample. Over $\frac{3}{4}$ reported that meeting with their families and the person from the ADRC had been very helpful (Table 35).

Table 29. How helpful was the visit to your home in addressing your concerns?

	2011-2012 (n=66)	2012 (n=119)	2013 (n=117)
Not at all helpful	9%	6%	7%
Not too helpful	6%	4%	3%
Somewhat helpful	21%	19%	22%
Very helpful	64%	71%	68%

Table 30. How comfortable did you feel with the person who came to your home?

	2011-2012 (n=66)	2012 (n=121)	2013 (n=115)
Very uncomfortable	4%	1%	1%
A little uncomfortable	2%	3%	3%
Somewhat comfortable	12%	10%	6%
Very comfortable	82%	86%	90%

Table 31. Did the person identify any other types of help that might be needed?

	2011-2012 (n=61)	2012 (n=115)	2013 (n=112)
Yes	56%	61%	61%

Table 32. Did you agree with them that you had additional needs?

	2011-2012 (n=33)	2012 (n=67)	2013 (n=65)
Yes	91%	91%	92%

Table 33. Were family members or others involved with the discussion when the person from the ADRC came to your home?

	2011-2012 (n=64)	2012 (n=121)	2013 (n=118)
Yes	58%	53%	43%

2013 participants were less likely to have family members or others present ($p = .08$)

Table 34. How closely did everyone involved agree about your circumstances, such as having the same concerns and looking for the same kinds of help?

	2011-2012 (n=37)	2012 (n=67)	2013 (n=51)
We agreed on almost everything	78%	84%	84%
We agreed more than we disagreed	11%	14%	8%
We disagreed more than we agreed	5%	2%	8%

Table 35. How helpful was meeting together with the person from the ADRC?

	2011-2012 (n=36)	2012 (n=63)	2013 (n=51)
Not at all helpful	14%	3%	8%
Not too helpful	3%	--	2%
Somewhat helpful	25%	22%	12%
Very helpful	58%	75%	78%

Decision Support

The ability to make informed decisions is contingent on understanding the service system and available choices. Furthermore, decision support includes assistance in exploring those choices, and receiving support for the choices made once the options have been considered. As indicated in Table 36, participants were generally positive about assistance received in understanding the service system; more than half of participants rated the ADRC person as excellent in this regard and another 29% rated them as good, thus meeting the ADRC benchmark. At the same time, 17% rated them as fair or poor, a consistent percentage over the years.

In spite of difficulties or uncertainties related to understanding the service system, understanding about available options improved after receiving options counseling and/or home visits (Table 37). However, the standard of 75% reporting better understanding has not been met during the past two rounds of surveys. The benchmark that 80% of participants would rate the person from the ADRC as good or excellent in helping them explore choices has been met consistently, with the percentages of those giving the rating of “excellent” increasing each year (Table 38). At the same time, 15% continue to provide poor or fair ratings, similar to previous years.

Table 36. How would you rate this person on helping you understand the service system?

	2011-2012 (n= 67)	2012 (n=129)	2013 (N=143)
Poor	10%	8%	6%
Fair	9%	9%	11%
Good	33%	40%	29%
Excellent	48%	43%	53%

Note: Standard is 80% will report that the ADRC staff was good or excellent in helping to understand the service system. Standard met.

Table 37 Compared to your understanding about available options before you contacted the ADRC, what is your understanding now?

	2011-2012 (n=68)	2012 (n=134)	2013 (n=143)
More confused and understand less	6%	9%	11%
Understanding is about the same	16%	22%	19%
Better understanding	78%	69%	69%

Note: Standard is 75% of consumers report they have better understanding about their options after working with the options counselor.

Table 38. How would you rate this person in helping you explore choices available to you?

	2011-2012 (n=68)	2012 (n=135)	2013 (n=146)
Poor	9%	6%	3%
Fair	7%	10%	12%
Good	25%	23%	21%
Excellent	56%	61%	64%

Note: Standard is 80% of consumers report the options counselor helped them explore the choice available to them and their family members.

Table 39. How good of a job did this person do considering your opinions, likes and dislikes before recommending services?

	2011-2012 (n=65)	2012 (n=133)	2013 (n=142)
Poor	11%	6%	4%
Fair	6%	6%	8%
Good	29%	32%	30%
Excellent	54%	56%	59%

Note: Standard is 90% report that the Options Counselor listened to their opinions and understood their specific circumstances

The vast majority of participants indicate that the ADRC is doing a good or excellent job of considering their opinions, likes and dislikes before recommending services (Table 39), although at 89%, the rating is just below the 90% benchmark. The percentage that give an excellent rating has increased over time, so this trend is in the positive direction. Similarly, ADRC staff receive high marks in supporting consumer decisions, exceeding the 80% standard (Table 40). Almost no one felt staff was trying to talk them into things that they did not want (Table 41), a decline from Round 2 (5%) to Round 1 (1%). The percentage of participants reporting they had total control of decision making declined from Round 2 to Round 3, though a larger proportion reported they had most of the control, for a combined 81% of participants reporting that consumers had most or total control of decision making (Table 42). Consumers were significantly more likely to report having total control of decision making than family members.

Table 40. How would you rate this person in supporting your decisions?

	2011-2012 (n=68)	2012 (n=130)	2013 (n=142)
Poor	6%	6%	4%
Fair	13%	8%	11%
Good	31%	30%	33%
Excellent	50%	56%	52%

Note: Standard is 80% of consumers rate the options counselor as good or excellent in supporting them in their decisions.

Table 41. Did you ever feel that this person was trying to talk you into things you did not want?

	2011-2012 (n=69)	2012 (n=133)	2013 (n=146)
No	94%	95%	99%
Yes	6%	5%	1%

2014 participants were less likely to feel that ADRC staff was trying to talk them into things they did not want (p. = 066)

Table 42. How much control did you have in making decisions about what you would do next?

	2011-2012 (n=63)	2012 (n=133)	2013 (n=143)
No control	5%	7%	4%
A little control	10%	15%	15%
Most of the control	27%	20%	35%
Total control	59%	58%	46%

Note: Consumers were significantly more likely to indicate they had control in making decisions.

Action Plans & Follow Up

Assisting consumers in developing actions plans is among the professional standards for options counselors. Those identified as OC consumers (or their family members) as well as those who reported receiving a home visit were asked whether the person they worked with the most helped them to develop a plan. Consistent with previous years, about half of the participants reported receiving this service (Table 43). More information is needed to determine whether action plans are being developed for all of those who could benefit from or desire to have this service. Not all options counseling consumers or consumers who received home visits were ready or interested in developing these plans. Similarly, many people may be too early in the process to have had plans developed.

Table 43. Did this person work with you to develop a plan listing your goals and next steps?

	2011-2012 (n=68)	2012 (n=129)	2013 (n=143)
No	53%	46%	49%
Yes	47%	54%	51%

Another professional OC standard is that OCs routinely make follow up calls to the consumer. This has not been met in any year of the survey. Those reporting receiving a follow up call did increase from 46% to 62% from Round 1 to Round 2 and then declined in Round 3 (Table 44). More family members than consumers reported receiving a follow up call.

Similarly, the percentages of consumers or family members indicating that they had contacted the ADRC again declined significantly from Round 2 to Round 3 (Table 45). Consumers were more likely to report repeated contact than family members.

The ADRC standards set by the Advisory Committee include a requirement that 90% of consumers identified as needing follow up by the ADRC, receive a follow up. This encompasses options counseling as well as call center consumers. It is beyond the scope of this survey to determine the extent to which these ADRC standards were met; we do not know who was identified as needing follow up through the call center.

Table 44. Has the person you worked with at the ADRC called you to see how you are doing?

	2011-2012 (n=67)	2012 (n=128)	2013 (n=144)
No	54%	38%	49%
Yes	46%	62%	51%

Note: Standard is that 90% of all consumers identified by ADRC staff as needing follow up by the ADRC received a follow up by ADRC staff. The number and persons identified by ADRC staff as needing follow up is unknown. The OC professional standard is that all OC consumers receive a follow up. In 2013, family members were significantly more likely than consumers to report getting a call from the ADRC, but overall, participants were less likely to report that ADRC worker had called ($p = .065$)

Table 45. Since your first contact with the ADRC, have you contacted them again?

	2011-2012 (n=68)	2012 (n=134)	2013 (n=147)
No	52%	40%	58%
Yes	48%	60%	42%

Note: In 2013, consumers were significantly more likely than family members to report contacting the ADRC; however, s overall participant were significantly less likely to have contacted the ADRC again, $p = .000$

Outcomes (OC consumers & those with Home Visits)

Several indicators of positive outcomes were identified (Tables 46 – 52). No statistically significant changes were identified between Rounds 2 and 3. Overall, these measures indicate that the ADRC is meeting its goals of supporting people in the least restrictive environment. The standard of 70% of consumers living in the place they most desire was exceeded, with 82% providing this response in 2013 (Table 46). However, the higher standard of 80% reporting that they receive enough support to meet their needs and preferences has not yet been met (Table 47). In 2013, 72% agreed or strongly agreed with that statement, indicating that nearly 30% did not get enough support. Similar proportions indicated that they are more independent as a result of the information received, though less than 25% participants strongly agreed with the statement (Table 48). A substantial majority also agreed or strongly agreed that they were safer in their homes, narrowly missing the standard of 80% (Table 49).

Table 46. The services or information have allowed me to live in the place I most desire.

	2011-2012 (n=59)	2012 (n=118)	2013 (n=136)
Strongly disagree	5%	3%	4%
Disagree	14%	14%	15%
Agree	46%	47%	51%
Strongly agree	34%	36%	31%

Note: Standard is that 70% of consumers will report living in a place they most desire.

Table 47. I am receiving enough support to meet my needs and preferences.

	2011-2012 (n=59)	2012 (n=128)	2013 (n=133)
Strongly disagree	6%	8%	5%
Disagree	19%	16%	23%
Agree	48%	52%	46%
Strongly agree	27%	24%	26%

Note: Standard is that 80% will report receiving enough support to meet consumer needs and preferences.

Table 48. I believe I am more independent as a result of the information and services I received.

	2011-2012 (n=59)	2012 (n=123)	2013 (n=134)
Strongly disagree	8%	4%	7%
Disagree	20%	26%	20%
Agree	42%	42%	50%
Strongly agree	29%	28%	23%

Note: In 2012, consumers were significantly more likely to strongly agree and family members more likely to disagree or strongly disagree. In 2013, there were no significant differences in family and consumer responses.

Table 49. I believe I am safer in my home as a result of the information and services I received.

	2011-2012 (n=51)	2012 (n=116)	2013 (n=129)
Strongly disagree	4%	2%	8%
Disagree	14%	22%	14%
Agree	51%	48%	49%
Strongly agree	31%	28%	30%

Note: Standard is that 80% will report that they are safer.

As in prior surveys, participants were least likely to agree (41%) or strongly agree (17%) with the statement that ADRC services or information allowed consumers to expand or maintain activities outside of their home (Table 50), a potential indicator of quality of life. A major goal of the ADRC program is to help consumers preserve their resources to delay enrollment in Medicaid. Although the majority agreed or strongly agreed with the statement that ADRC services or information helped consumers make the most of personal money and resources, the standard of 70% of participants agreeing or strongly agreeing with the statement was not met; nearly 40% disagreed or strongly disagreed with this statement (Table 51). Similarly, the majority reported they were ultimately able to find services they could afford, but 36% indicated that they disagreed or strongly disagreed with that statement (Table 52). These results indicate a sizeable number of participants had unmet needs at the time of the interviews. The qualitative data shed some light on the circumstances of these individuals as reported in Table 53.

Table 50. The services or information received have allowed me to expand or maintain activities outside of my home.

	2011-2012 (n=50)	2012 (n=118)	2013 (n=130)
Strongly disagree	10%	8%	9%
Disagree	44%	36%	33%
Agree	28%	42%	41%
Strongly agree	18%	14%	17%

Note: In 2012, family members much more likely to disagree or strongly disagree with this statement. In 2013, there were no significant differences

Table 51. The services or information received have helped make the most of personal money and resources

	2011-2012 (n=51)	2012 (n=123)	2013 (n=156)
Strongly disagree	18%	7%	8%
Disagree	18%	32%	30%
Agree	47%	44%	44%
Strongly agree	18%	17%	18%

Note: Standard is that 70% of participants report making the most of their personal money and resources. In 2013, families were significantly more likely than consumers to agree with this statement.

Table 52. I was eventually able to find help that I could afford.

	2012 (n=113)	2013 (n=125)
Strongly disagree	4%	14%
Disagree	31%	22%
Agree	48%	46%
Strongly agree	17%	17%

Note: not asked in 2011

The majority of participants thought their circumstances would be worse now if they had not received information or services through the ADRC (Table 53). Descriptions of how their lives would have been worse varied. Many described being worse off financially, facing greater expenses or inability to buy what they needed. Food stamps in particular were of great importance to many. Insurance, bill payment, and transportation were also mentioned. Others felt that if it weren't for the ADRC, their medical condition would have worsened, contributing to a lower quality of life and more dire circumstances. A significant number of respondents felt that they would be worse with respect to their living situation, stating that they wouldn't have been able to stay in their home or wouldn't have found the services or help they needed. Some felt that they would be worse emotionally, with frustration and confusion being the most common. A few thought they would be homeless if it weren't for the ADRC, though this was described less frequently than in previous years. Some thought they would be less informed or would have needed to explore services elsewhere.

Approximately one-third of respondents were neutral in their responses, thinking their circumstances would be the same if they hadn't received services or information through the ADRC. These consumers may have felt more confident or informed, but may have decided they did not yet need help or hadn't decided on a specific plan yet.

About 8% of participants reported that their circumstances had not improved, citing negative experiences with the ADRC, a decline from Round 2. Most commonly that their calls were not returned, they hadn't received the needed information or services, or they solved the problem by themselves. Overall, expressions of frustration were common among those who did not qualify for services or did not receive adequate information from the ADRC. One respondent who was generally positive, said,

I appreciate the services and think everything was alright. I understood that the ADRC are busy, but someone older or ill would have a hard time waiting to get a response over the phone.

Table 53. What do you think your circumstances would be now if you had not received information or services through the ADRC?

<p>A little Worse (n=32)</p> <ul style="list-style-type: none"> <i>... the conversation was helpful. We had a real difficult situation and a real difficult decision. It probably would have made it more difficult [without the ADRC], we had more knowledge on how to go forward. And, we haven't followed through on all of the advice ... it's no over for us, our work is not over.</i> <i>They have helped quite a bit but like I said I've always been independent all of my life and learn how to do things, I was doing pretty good even before they came but I think I'm doing better now.</i> <i>I wouldn't know what's out there and what's available and how to get the information I need.</i> <i>I would be more confused as to what to do. They reconfirmed what I already thought and, being alone, you need someone to confirm what you think to make sure you're on the right track.</i>
--

Worse emotionally (n=17)

- *I think I would be really scared, more than I already am. I just like to know that they're there. . . I know when I call that they're going to be kind to me.*
- *I would be very frustrated. I would be hampered from getting services and getting to places that I needed to be, like appointments and that sort of thing.*
- *I probably still would be feeling sort of frustrated and overwhelmed and not knowing where to turn. I got some very valuable information and the person I talked to was very compassionate and very respectful and I appreciate that. And you can also add patient to that list, she was not trying to hurry me off the phone or anything.*

More difficulty with basic needs (n=31)

- *I was taking care of him and going to his home every day, but he was forgetting things and people were worried about him. I'm afraid to even think about what it would be like. He would have had to live here, and my home isn't set up for him as he needs a walker and other things. He would otherwise be in a nursing home, and he's not ready for a nursing home.*
- *I would be stuck at home. Dried up like a prune.*
- *I wouldn't be going places and using the services I have now.*

Worse physically (n=20)

- *I wouldn't have had my surgery by now.*
- *They helped me very much to get on disability, because they help with disability.*
- *It would have been harder for me. It would perhaps been hard on my health, especially with my husband being ill and me not feeling well myself, I needed a little bit of help and I got some, and it was great.*

Worse financially (n=38)

- *I would be going a lot hungrier without the food stamps and I really need the Medicaid and I should be seeing a doctor. If I didn't have prescription drug care and things like that, it would be very detrimental to me.*
- *We would be flat broke, and I still have a household to run. My husband is sick and it would have taken everything we have and more.*
- *It's better now because I didn't know, I thought the choices offered were going to be a lot more expensive than they were, but they turned out to be more affordable.*

A lot worse: general (n=32), would be homeless (n=3)

- *I don't even want to speculate. I'd be in much worse condition.*
- *I would have been in pretty sad shape, they did help a lot. All of them were very specific in the way they worked with me, and different people did different things, which was really good because they gave me a lot of pointers, with me not having been in this position before.*
- *I would be confined to the homeless shelter and would not be able to go out.*

Public Programs and Assistance – Services Used

(Streamlined Eligibility Determination for Public Programs)

All participants (both Call Center and OC consumers) were asked what decisions they had made after their contact with the ADRC and whether these decisions resulted in services. Some participants had not yet made decisions, others were in the process of seeking and obtaining services, and nearly one-third had received services. When asked about specific services, 90 participants reported that they had received at least one; the average received was 2 ½ services (Table 54). About one in five of those participants received 4 or more services. As in previous years, many fewer participants (33%) reported receiving services than reported needing assistance; virtually all participants (96%) reported having at least one service need. OC consumers with home visits were the most likely to receive services.

Over half got benefits or other financial assistance (Table 55). Similarly 43% indicated they received information or access to other benefits. Call Center consumers were significantly more likely to report this service, consistent with their greater need for financial assistance. More than 25% received information about managing their health, transportation, and/or meals. Between 12% and 17%, indicated they received assistance with housekeeping, personal care, home modification or legal assistance. OC consumers (with and without a home visit) were significantly more likely to receive personal care or home modifications, also consistent with their level of need.

Most participants indicated that services were received in a timely manner. As previously described, with the exception of receiving a call back from the ADRC, standards for timeliness of services were achieved. One trend to watch, however, is that 2013 participants were significantly less likely to report services being arranged promptly for meals services, assistance with benefits, and financial assistance. These are among the major reasons people contact the ADRC and typically represent people who have immediate and urgent needs. Improvements observed in ratings of timeliness were not statistically significant. In contrast to timeliness, ratings of helpfulness remained the same or improved significantly from Round 2 to Round 3 for services related to benefits and financial assistance and information about managing health.

Table 54. Total Number of services received

Total number	2011-2012 (n=82) (based on list of 9 services)	2012 (n=105) (based on list of 10 services)	2013 (n=90) (based on list of 10 services)
1	40%	28%	34%
2	23%	32%	22%
3	17%	18%	22%
4	11%	10%	10%
5	5%	6%	7%
6	2%	5%	2%
7	1%	1%	3%
Average	2.3 services	2.5 services	2.5 services

Table 55. Services received by ADRC consumers

Services Received	Number & %			Timeliness ^a Mean (SD)			Helpfulness ^b M (SD)		
	2011-12	2012	2013	2011-12	2012	2013	2011-12	2012	2013
Help getting benefits or financial assistance	54 (64%)	64 (58%)	52 (55%)	1.69 (.643)	1.61 (.657)	1.78 (.577)	3.85 (.81)	3.63 (.752)	3.80 (.448)
Meals delivered to the home or to a meal site	15 (17%)	35 (31%)	26 (27%)	1.13 (.352)	1.12 (.327)	1.35 (.485)	3.86 (.35)	3.74 (.505)	3.81 (.491)
Transportation	19 (22%)	32 (29%)	27 (29%)	1.37 (.597)	1.41 (1.266)	1.56 (.577)	3.74 (.62)	3.88 (4.21)	3.82 (.456)
Information about or help managing your health	27 (32%)	28 (26%)	28 (30%)	1.42 (.584)	1.30 (.542)	1.48 (.509)	3.70 (1.07)	3.65 (.562)	3.89 (.424)
Housekeeping	13 (15%)	27 (24%)	16 (17%)	1.92 (.793)	1.44 (.577)	1.44 (.651)	3.85 (.81)	3.78 (.506)	3.88 (.342)
Personal care such as bathing	13 (15%)	14 (12%)	12 (13%)	1.23 (.439)	1.57 (.646)	1.33 (.651)	3.94 (.24)	4.00 (0)	4.00 (.00)
Access to information about or other benefits	29 (35%)	13 (12%)	40 (43%)	1.64 (.757)	1.33 (.474)	1.49 (.683)	3.80 (1.62)	3.54 (.886)	3.64 (.811)
Home modification services	8 (10%)	10 (9%)	11 (12%)	1.57 (.535)	1.50 (.527)	1.45 (.688)	3.82 (.40)	3.90 (.316)	3.91 (.302)
Legal assistance or advice	3 (4%)	10 (9%)	11 (12%)	1.67 (.597)	1.30 (.48)	1.70 (.483)	4.00 (00)	3.80 (.422)	3.50 (.972)
help managing your money or assets ^c	--	3 (3%)	3 (3%)	--	1 (0)	1.33 (.577)	--	4.00 (0)	3.67 (.577)

Note: 81 (33%) participants received services in 2011-21; 112 (37%) reported receiving services in 2012. In 2013, 96 (47%) and 91 (30%) received one or more of the services listed in this table. Participants who reported receiving services not on this list are not included in these counts. Numbers in the table add up to more than the sample each round because some people received multiple services.

^aTimeliness: 1=right away, 2=had to wait, but it was reasonable, 3=much too long

^b Helpfulness: 1=not at all helpful, 2=a little helpful, 3=somewhat helpful, 4=very helpful

^c Question added in 2012

Of the 93 people who reported making decisions to seek services, more than half (54%) indicated that they had help with paper work to apply for the services (Table 56). This was a statistically significant decline from Round 2 where nearly three-quarters

reported help with paper work. Not surprisingly, OC consumers were significantly more likely to receive this assistance than Call Center consumers.

Table 56. Did the person from the ADRC help you complete paperwork needed to get services or benefits?

	2011-2012 (n=81)	2012 (n=109)	2013 (n=93)
Yes	59%	74%	54%

2014 participants were significantly less likely to report the ADRC person helping them with paper work, ($p = .000$).

Table 57. Do you have concerns that the ADRC has not addressed?

	2011-2012 (n=241)	2012 (n=294)	2012 (n=292)
Yes	26%	26%	24%

All participants were asked if they had concerns that had not been met by the ADRC. Responses have been consistent over time, with about one-fourth replying they did have concerns (Table 57). When asked about those concerns, about one-third of those with concerns indicated a general need for services and resources. Some were still waiting, others were uncertain about what could be done to help them, and a large segment of participants expressed frustration with the lack of follow up: These comments were typical and are consistent with the negative comments reported earlier.

I need a call back from them.

Ever since I have contacted them they have not called back or told me anything about my dad at all.

The one who was helping me explained to me that it was a decision for the supervisor and they would get back to me that day and I still have not heard from them and it has been two weeks.

They had not addressed any of my concerns; they have only referred me to others.

They have not taken enough time to view my Mom's case and are not good at calling back. . . . They really did not consider her situation.

Others described more specific needs related to the original reasons for their contact with the ADRC. These involved transportation (*The pick-up and drop-off times for the senior center are wrong*), housing (*I don't know if they clearly understand that I want out of here. This is a very dangerous place to live*), help with IADLs (*I want a housekeeper and they said they can't do it*), financial assistance (*I want to apply for food stamps, utility assistance and help with*

medications. I also want to get back onto Medicaid . . .) and health concerns (there are no dental programs for people with disabilities and limited incomes).

Consumer Recommendations

Participants were asked if they had recommendations for the ADRC. Approximately half gave suggestions or made comments for improving the services of the ADRC. These were categorized as customer service, services and resources, outreach and awareness, and staff attributes.

Customer service. The most common area for improvement reported was customer service. Follow-up services such as phone calls and home visits were highly desired. One consumer with a disability said,

Any non-profit that serves people in need due to poverty or limited access has to be visibly and openly available. That means the ability for every potential client to access them into their offices. They need to communicate face-to-face and return phone calls.

Another respondent connected the availability of funding and services with the quality of following up:

It depends on their funding. Usually they're fairly prompt with getting back to you, it's just a matter of whether they can get you the services or have the funding to meet your needs. Sometimes when you're referred to something else, the ADRC would say you can fill this out or check out this service or go to this link, and you would go or fill out the form, and nobody would get back to you or the link wouldn't work. You feel like you're getting the runaround.

Help with paperwork and navigating available resources was also an area of importance in customer service. One respondent stated,

I think that expanding that along the line of helping with forms would be extremely helpful. You have no idea how difficult these forms can be.

Services and Resources. A large segment of recommendations focused on the services and resources offered by the ADRC. Many participants favored an expansion of the services, workforce, and funding. One person said,

Our aging population is growing at a rapid rate, so I really wish that they could expand the program and make it so there is not so much weight on one person. They should have more case workers rather than just pile it on a few, because it was such a wonderful service in my opinion.

Home visits were highly valued among many respondents. For example, a senior consumer said,

I think they should do like Europe, do home visits once a month in person and do reviews to see how they are doing and discuss needs and help them connect with services. It gets very confusing over the phone.

Many respondents also recommended coordinated services to streamline the process of accessing resources. One recommended that the ADRC

...Broaden their disability scope, act as a resource center, [and] possibly coordinate services. It seems so fragmented to have a crisis worker.

Outreach & awareness. Some participants offered recommendations about communication efforts to convey and receive information. Many expressed the need to inform consumers of the available services, offering comparative differences between different programs or resources. A few thought a newsletter would be helpful for consumers to understand available services and to make the agency more visible. Some would like it to be easier to find the phone number for the ADRC or specific contacts to make the process of utilizing available resources more accessible. For example, one participant suggested

...A pamphlet or flyer that lists the things they are able to help with . . . I could put on my refrigerator to know they could help me with that and I would know to call them. I should probably look at the website, maybe that would explain it all, but not everybody has a computer.

Staff attributes. Some participants felt that workers needed to be more knowledgeable about services, resources, and qualifications. This ties in to the desire for more streamlined, coordinated services. The location of the resource centers was also an area of recommendation. Some respondents expressed the need for convenient, accessible, and centralized locations with adequate parking for people with physical limitations.

Overall, the recommendations highlighted the value of the ADRC for consumers and family members. One consumer with a disability said,

I think they're doing a great job, and it's not their fault that we have to struggle but they do a good job to help us get through.

Overall Satisfaction

In spite of the concerns described above, the majority of participants reported that the ADRC was helpful overall (see Table 58). Responses in Round 3 were virtually the same as Round 2, with over well over half reporting the ADRC was very helpful and another 23% rating it as somewhat helpful; 8%, reported that the ADRC had not been at all helpful. Similarly, an important indicator of consumer satisfaction involves participant willingness to recommend the ADRC to others. No specific benchmarks were identified for recommending the ADRC to a

friend or family, but participants consistently indicate by wide margins that they would recommend the ADRC (Table 59).

Table 58. Overall, how helpful was the ADRC?

	2011-2012 (n=239)	2012 (n=300)	2013 (n=294)
Not at all helpful	10%	7%	8%
Only a little helpful	10%	10%	9%
Somewhat helpful	19%	23%	23%
Very helpful	62%	60%	60%

Table 59. Would you recommend the ADRC to a friend or family member?

	2011-2012 (n=241)	2012 (n=295)	2013 (n=294)
Yes	92%	90%	89%

To give an overall picture of how the different elements of the ADRC and participants' experiences relate to one another, a variable of overall satisfaction was computed by combining responses to general helpfulness of the ADRC and whether they would recommend the ADRC to others. Other composite variables included staff attributes (i.e., respectfulness, knowledgeable, ability to explain how to get services), options counselor attributes (i.e., helping consumers explore choices, supporting decisions, considering consumer opinions, helping to understand the service system), number of needs identified, and number of services received. Also examined was the relationship between these variables and participants' understanding of the service system, whether they had received the information they needed, amount of contact with the ADRC, and their assessment of how easy it would be to contact the ADRC if they needed to. The correlations among these variables are presented in table 60.

Overall satisfaction with the ADRC was significantly correlated with better understanding of the service system. Staff characteristics such as being respectful, knowledgeable, supporting consumer decisions were strongly correlated with overall satisfaction. Reports of positive outcomes, ease of contacting the ADRC if needed in the future, and receiving the information needed when participants initially contacted the ADRC were also positively associated with overall satisfaction. Interestingly, overall satisfaction was not associated with the amount of need or services received. Unlike Round 2 the amount of contact with the ADRC was not associated with general satisfaction in 2013.

Table 60. Round 3 Correlations

		needs	Information needed received	# contact with ADRC	Under- standing	# services	allstaff	OCstaff	outcome	Easy to contact ?	Overall sat
needs	Pearson Correlation	1	-.110	.006	.052	.553**	-.035	-.018	.040	-.068	-.037
	N	289	276	284	139	87	271	131	142	282	282
the information you needed?	Pearson Correlation	-.110	1	-.061	.310**	-.063	.329**	.343**	.252**	.147*	.338**
	N	276	285	282	137	87	267	129	139	278	280
Contacts with the ADRC	Pearson Correlation	.006	-.061	1	.062	.211*	-.021	.032	.054	.062	.011
	N	284	282	293	142	90	276	134	145	287	286
Level of understanding	Pearson Correlation	-.052	-.310**	-.062	1	-.262	-.656**	-.661**	-.371**	-.623**	-.700**
	N	139	137	142	143	49	138	131	142	141	141
	Pearson Correlation	.553**	-.063	.211*	.262	1	.153	.182	.223	.034	.145
	N	87	87	90	49	90	87	48	49	87	87
allstaff	Pearson Correlation	-.035	.329**	-.021	.656**	.153	1	.936**	.445**	.486**	.650**
	N	271	267	276	138	87	277	134	140	273	270
OCstaff	Pearson Correlation	-.018	.343**	.032	.661**	.182	.936**	1	.427**	.635**	.661**
	N	131	129	134	131	48	134	134	133	132	132
R2outcome	Pearson Correlation	.040	.252**	.054	.371**	.223	.445**	.427**	1	.363**	.458**
	N	142	139	145	142	49	140	133	146	144	144
How easy to contact ADRC	Pearson Correlation	-.068	.147*	.062	.623**	.034	.486**	.635**	.363**	1	.472**
	N	282	278	287	141	87	273	132	144	291	284
Overall satisfaction	Pearson Correlation	-.037	.338**	.011	.700**	.145	.650**	.661**	.458**	.472**	1
	N	282	280	286	141	87	270	132	144	284	291

Note: *p < .05, ** p < .01

Conclusions and Recommendations

Information, Referral, and Awareness

The people who contact the ADRC do so because of needs related to declining health or function, or because of financial strain. At the least, these individuals need information and guidance. They also need concrete assistance with daily living, whether with activities of daily living or purchase of housing, food, or health care. Round 3 participants parallel those in past surveys, with physical health needs reported most frequently (after the need for general information), followed by getting help at home, paying for medical care, getting personal care, and transportation. Significant numbers also report concerns about confusion or memory loss.

The ADRC is an important resources to address these multiple needs, but has mostly been unknown to users. Most frequently, consumers learn about the ADRC from others, including an agency or health provider referral followed by information from a friend. The Internet, media, or printed materials were the least frequent paths to the ADRC. Participants emphasized the importance of these information sources by reporting that personal contact is the best way to get information about the ADRC and needed services.

The point of first contact is typically a phone call to the ADRC (or, on occasion a call from the ADRC or a partner organization). Increasingly, participants are reaching Information and Assistance staff directly. Response times for those who leave a message has improved, but is still not meeting the standard of a call back within 24 hours. Fewer people in Round 3 went to the ADRC building, but those that did reported it was convenient and very easy to find. Calls to the ADRC and going to the building account for more than 75% of first contacts.

Participants were positive in their ratings of ADRC staff. The overwhelming majority indicated that staff spent enough time with them to understand their concerns, that staff were very knowledgeable, and very respectful. Although the majority rated staff as excellent in explaining how to get help or information, these ratings were little lower overall, indicating some room for improvement with this service. Most people received written materials and found them relevant to their concerns, indicating a match between concerns and information needed. With

the exception of receiving a return telephone call the timeliness of obtaining other services was prompt (e.g., getting housekeeping services, personal care, meals services) or considered reasonable (e.g., getting benefits and financial assistance, receiving a home visit).

Recommendations. Based on these findings, we make the following recommendations:

- Continue efforts to reach potential ADRC consumers using multiple outreach methods. Personal contact appears to be key.
- Continue efforts to assure that callers reach a person when contacting the ADRC or receive a timely response if they reach an automated system or voice mail.
- Consumers and family members feel that ADRC Information & Assistance staff are knowledgeable, but some feel they could improve on explaining how to go about getting help and obtaining services.

Options Counseling

Options counseling (OC) is a core service of the ADRC. Those who received OC (whether or not they got a home visit), as well as Call Center consumers who reported a home visit, were asked additional questions related to OC standards. This included questions about the home visits, decision support, action plans, and outcomes. Participants found home visits to be valuable and provided in a timely way. Participants were very comfortable with the OCs or whoever was conducting the home visit. These professionals helped identify additional needs and often met with the both consumers and their family members, though fewer had family members present in Round 3 than in the past. Two-thirds of the consumers said the visit had been very helpful in addressing their concerns. Similarly, over 75% of those who had family present reported the visit as very helpful.

Standards were met or nearly met for decision support, including helping consumers explore choices; considering consumers' opinions, likes and dislikes; supporting consumer decisions, and understanding the service system. Just under half felt consumers had total control of the decisions, with just over a third indicating consumers had most of the control. Although most participants said they had a better understand about options than before they contacted the ADRC, the ratings felt short of the standard that 75% would have a better understanding. Seventeen percent reported the ADRC staff they worked with the most had not done a good job helping them understand the system and 19% indicated the consumer had little or no control of the decisions. Overall, however, OCs are meeting or almost meeting decision support standards.

Core functions of the OC are to help develop an action plans and to follow up with consumers. Here OCs are falling short of these expectations. Only half of OC consumers reported the person from the ADRC helped them develop a plan. Surprisingly, this was less than plans reported by Call Center consumers who had received a home visit. Follow up contact with the ADRC has declined since Round 2, with about half reporting that someone from the ADRC had called to see how they were doing, and significantly fewer consumers reporting they had contacted the ADRC again. At the same time, most participants said it would be very easy to contact the ADRC if they needed to.

Several desired outcomes resulting from OC services were identified, with benchmarks established for living in the place most desired by the consumer (met), feeling safer (met), receiving enough services (not met), and making the most of personal money and resources (not met). Other outcome measures included being more independent (73% agreed or strongly agreed), expanding or maintaining activities (58%), finding affordable help (63%). Most people indicated they were better off because of the ADRC.

Recommendations. Based on these findings, we make the following recommendations:

- Increase home visits whenever possible. They are beneficial to those who receive them and participants feel very comfortable with the staff who come to their homes; OC consumers with home visits are among the most satisfied of ADRC consumers and report the most positive outcomes.
- Explore reasons why the percentage of OC consumers who receive home visits has declined. This may be related to the timing of the survey, but the ADRC may want to monitor this service to ensure that those who wish and could benefit from home visits receive them.
- OC staff are doing a good job of providing decision support, consistently meeting ADRC standards. Identify new ways to help consumers develop a better understanding of the service system.

Services

As in previous years, although most participants identified at least one need for service (the average was 4.7 needs), many fewer participants (33%) reported actually receiving services. The average number of services received by these individuals was 2.5; two-thirds received two or more services. OC consumers with home visits were most likely to receive assistance. Services typically matched needs, with OC consumers receiving proportionately more personal care services and home modification, and Call Center consumers more likely to receive financial assistance. Just over half (54%) reported that the ADRC helped them with paper work, a significant decline from the previous year. OC consumers were significantly more likely to receive this assistance.

Most participants indicated that services were received in a timely manner. With the exception of receiving a call back from the ADRC, standards for timeliness of services were achieved. One trend to watch, however, is that 2013 participants were significantly less likely to report services being arranged promptly for meals services, assistance with benefits, and financial assistance. These are among the major reasons people contact the ADRC and typically represent people who have immediate and urgent needs. Ratings of helpfulness given by those who did receive services were high, remaining the same or improving from Round 2 to Round 3.

Nearly a quarter of participants reported that they had concerns that the ADRC had not addressed, which is consistent with previous years. Many of the concerns involved failure of the ADRC to respond in a timely way or continually be referred to others. Other concerns were related to qualification for services; many of these concerned participants did not qualifying for services and said they did not have the means to purchase them. Those

who made recommendations for improvement emphasized customer service, more service availability (including more staff) and flexibility with qualifications, and more effective outreach.

Recommendations. Based on these findings, we make the following recommendations:

- Consumers and family members are generally quite satisfied with the services they receive. However, fewer participants indicated that they received services than had indicated they had a need. More effort and resources are needed to identify and help consumers who do not qualify for Medicaid yet have limited resources to purchase or obtain services.
- Across all categories of consumers, about 25% report they have concerns that have not been addressed by the ADRC. Some concerns could be met with improved customer service, others involve more information and increased availability of services.
- It is critically important to support I&A and OC staff; positive ratings of staff are associated with participants' understanding of options and their ratings of outcomes such as living where they desire, feeling safe, having needs and preferences met, preserving resources, and ultimately finding the help they need.

References

White, D. L., & Elliott, S. (2013). *Consumer Satisfaction with Aging & Disability Resource Connections (ADRC): Round 2*. Final report submitted to the State Unit on Services and Supports (State Unit on Aging), Department of Human Services, May 2013. Portland: Institute on Aging.

White, D. L., Elliott, S., Carder, P. C., and Luhr, G. (2012). *Consumer Satisfaction with ADRC Services: October 2011 – February 2012*. Portland: Institute on Aging.

White, D. L., Tressider, A. F., Carder, P. C., Truxillo, D. M., Barrios, S., Jackson, S. (2012). *Options Counseling in Oregon: Professional Standards and Tools to Support Options Counseling*. Portland: Institute on Aging.

Appendix A

Round 3 Consumer Satisfaction Survey – Fall 2013

Note: Not all directions for interviewers and codes for those not participating in survey are included in this appendix.

Project: ADRC_13

10/17/2013 Post-Training Changes

Great, this survey will take about 15 to 20 minutes to complete. Your answers will be kept completely confidential. Your participation is voluntary and will not affect your services or your relationship with the ADRC. You can stop at any time and skip any item you don't want to answer. I would like to begin by asking about your first experience with the ADRC.

Call Date: <CALLDATE>

ADRC Staff Member: <AGENT>

Local ADRC Agency Name: <AGENCY>

If R is unfamiliar with the "ADRC", try referring to it as "Aging & Disability Resource Connections," "Senior Services," "Aging Services," or "Disability Services" instead to explain what it is.

IWR Note: The ADRC helps connect people to various services including: housekeeping services, transportation services, home modification services, personal care help, delivered meals, health management, or help applying for financial assistance (i.e., insurance, food stamps, Medicaid, heating bill assistance).

Press Enter to Continue

0

D

Q1

DO NOT READ OPTIONS

How did you first learn about the ADRC?

Choices

Family	01	
Friend	02	
Hospital/clinic/doctor/nurse	03	
Nursing home/assisted living	04	
Phone book	05	
Recommendation/word of mouth	06	
Brochure/flyer	07	
Media/newspaper/TV/radio	08	
Referral from another agency	09	
Internet	10	
Other (please specify)	11	O

Don't Know	88
Refused	99

Q2

DO NOT READ OPTIONS

How did you first come in contact with the ADRC?

Choices

By telephone	01	
Went to the office, in person	02	
They called me	03	
Email	04	
Through the website	05	
Other (please specify)	06	O
Don't Know	88	
Refused	99	

Q3

Since that time, would you say you've had contact with the ADRC one time, 2 to 3 times, or more than 3 times?

Choices

1 time	1	
2 to 3 times	2	
More than 3 times	3	
No contact	7	
Don't Know	8	
Refused	9	

Q4

Can you tell me a little about why you were in contact with the ADRC?

IWR Note: Use the 'Original Q Text' if the R has contacted the agency on their own behalf or because they need assistance with caregiving support. Use the 'Family Text' of the survey if the R contacted the ADRC to address the needs of a family member.

Choices

Enter open-ended response	0	DO
Don't Know	8	
Refused	9	

Q14

When you first contacted the ADRC, did you receive none, some, or all of the information you needed?

Choices

None	0	
------	---	--

Some	1
All	2
No Information Needed	7
Don't Know	8
Refused	9

Q4A

I am going to read a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

IWR NOTE: If needed: This series of questions is asking about the issues that were going on when they initially contacted ADRC.

IWR NOTE: This is regardless of if you received services. I will ask about services received later.

IWR NOTE: This list might cover something you just said, but I want to make sure I understand all the possible reasons you may have contacted ADRC.

Choices

Press enter to continue 0 D

Q4A_1

Physical health needs?

IWR NOTE: For instance, you were looking for information about a specific condition or disease, rehab services, or medical care.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_2

Help with medications?

IWR NOTE: For instance, this could include financial help paying for medications, help managing medications, or taking medications.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_3

Dental care?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_4

Confusion or memory loss?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_5

Help with personal care?

IWR NOTE: This could include things such as help bathing, dressing, and getting around the house.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_6

Help with transportation?

IWR NOTE: This could include things like help going to the doctor, going shopping, or to social activities.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_7

Help at home, such as help making meals, doing housekeeping and yard work?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_8

Help getting shopping and errands done?

IWR NOTE: Please do not include help with transportation to go shopping or run errands. This question is referring to someone else going shopping for you, or going with you to shop.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_9

Help modifying a home or apartment?

IWR NOTE: This could include modifications like installing ramps, or grab bars in the bathroom, or having kitchen counters lowered, or doorways expanded.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_10

Help moving into an assisted living residence, adult foster home, or nursing home?

IWR NOTE: Please do not include help finding subsidized housing (this will be asked next).

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_11

Help finding subsidized housing?

IWR NOTE: Please do not include help finding assisted living, adult foster home, or nursing home.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_12

Help getting food stamps?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_13

Help with Medicaid or paying for medical care?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_14

Help paying for energy bills?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_15

Help getting caregiver respite?

IWR Note: 'Caregiver Respite' is short-term, temporary relief for those people who are caring for family members or friends. Respite is receiving help with caring for someone.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_16

Help getting general information or advice?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_17

Did you contact ADRC to get help with anything else that we did not already cover?

Choices		
No	0	==> Q5
Yes	1	
Don't Know	8	==> Q5
Refused	9	==> Q5

Q4A_17A

What else did you contact ADRC for?

Choices

Please Specify	0	DO
Don't Know	8	
Refused	9	

Q5

READ OPTIONS 1-3

When you called the ADRC, was the phone answered by...

==> ASK IF Q2=01 (By telephone)

Choices

A person	1
An answering machine	2
An automated message system	3
Don't Know	8
Refused	9

Q6

READ OPTIONS 1-4

When did someone from the ADRC get back to you?

==> ASK IF Q2=04 (Email) OR Q5=2,3 (Answering Machine or automated message system); OTHERWISE SKIP TO Q9

Choices

On the same day	1
The next day	2
2 to 4 days	3
5 or more days	4
Don't Know	8
Refused	9

Q7

READ OPTIONS 1-3

Do you think that the ADRC's response time was...

Choices

Prompt and timely	1
Some wait, but was reasonable	2
Much too long	3
Don't Know	8
Refused	9

Q8

READ OPTIONS 1-4

How easy was it to find information on the website? Would you say it was...

==> ASK IF Q2=05 (Through the website); OTHERWISE SKIP TO Q9

Choices	
very difficult	1
a little difficult	2
somewhat easy	3
very easy	4
Don't Know	8 => Q9
Refused	9 => Q9

Q8A

What made it <Insert what was selected in Q8>?

Choices		
Enter open-ended response	0	DO
Don't Know	8	
Refused	9	

Q9

Did you ever go to the ADRC building?

[Family Text: Did you ever go to the ADRC building with your family member?]

==> SKIP TO Q10 IF Q2=02 (Went to the office, in person)

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q10

READ OPTIONS 1-4

How easy was it to find the ADRC building?

==> ASK IF Q9=01 (Yes, went to ADRC building) OR Q2=02 (Went to the office, in person); OTHERWISE SKIP TO Q15

Choices

Very difficult	1
A little difficult	2
Somewhat easy	3
Very easy	4
Don't Know	8
Refused	9

Q11

READ OPTIONS 1-4

How convenient was it for you to go to the ADRC?

Choices

not at all convenient	1
not that convenient	2
somewhat convenient	3
very convenient	4
Don't Know	8 => Q12
Refused	9 => Q12

Q11A

What made it <Insert what was selected in Q11>?

Choices

Enter open-ended response	0	DO
Don't Know	8	
Refused	9	

Q12

READ OPTIONS 1-5 IF NEEDED

When you first went to the ADRC, how long did you have to wait to see someone?

Choices

Less than 5 minutes	01
Between 5 and 20 minutes	02
Longer than 20 minutes	03
I had to arrange another time to come back	04
I did not see anyone	05 => Q15
Do not remember/unsure	88 => Q15
Refused	99 => Q15

Q13

READ OPTIONS 1-3

Do you think that your wait time to see someone was...

==> ASK IF Q12=01,02,03,04; OTHERWISE SKIP TO Q15

Choices

Short and timely	1
Some wait, but was reasonable	2
Much too long	3
Don't Know	8
Refused	9

Q15

READ OPTIONS IF NEEDED

Do you think that the person at the ADRC spent enough time with you to understand your concerns?

Choices

No	0
Yes (Somewhat)	1
Don't Know	8
Refused	9

Q17A

Did you receive written materials?

Choices

No	0=>Q18
Yes	1
Don't Know	8=>Q18
Refused	9=>Q18

Q17B

Were the materials relevant to your concerns?

==> ASK IF Q17A=1 (Yes)

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q18

Did someone from the ADRC come to your home?

[Family Text:] Did someone from the ADRC go to your family member's home?

Choices

No	0=>SECTION2
Yes	1
Don't Know	8=>SECTION2
Refused	9=>SECTION2

Q19

READ OPTIONS 1-3 UNTIL STOPPED

How long did it take from the time you talked to someone from the ADRC to the time someone visited your home?

[Family Text:] How long did it take from the time you talked to someone from the ADRC to the time someone visited your family member's home?

==> ASK THIS SERIES IF Q18=1 (Yes); OTHERWISE SKIP TO SECTION2

Choices

2 days or less	1
3 to 7 days	2
More than a week	3
Don't Know	8
Refused	9

Q20

READ OPTIONS 1-3

Considering the time you had to wait for the appointment to occur, do you think that the wait time was...

Choices

Short and timely	1
Some wait, but reasonable	2
Much too long	3
Don't Know	8
Refused	9

Q21

READ OPTIONS 1-4

How helpful was the visit to your home in addressing your concerns?

[Family Text:] How helpful was the visit to your family member's home in addressing concerns?

Choices

Not at all helpful	1
Not too helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q22

READ OPTIONS 1-4

How comfortable did you feel with the person who came to your home?

[Family Text:] How comfortable did you feel with the person who went to your family member's home?

Choices	
Very uncomfortable	1
A little uncomfortable	2
Somewhat comfortable	3
Very comfortable	4
Don't Know	8
Refused	9

Q23

Did the person identify any other types of help that might be needed?

IWR Note: This is asking about the person who came to their home.

Choices	
No	0=>Q25
Yes	1
Don't Know	8=>Q25
Refused	9=>Q25

Q23A

What types of help were identified?

==> ASK IF Q23=1; OTHERWISE SKIP TO Q25

Choices		
Enter open-ended response	0	DO
Don't Know	8	
Refused	9	

Q24

Did you agree with them that you had additional needs?

[Family Text:] Did you agree with them that your family member had additional needs?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q25

Were family members or others involved with the discussion when the person from the ADRC came to your home?

[Family Text:] Were you or others involved with the discussion when the person from the ADRC went to your family member's home?

Choices

No	0=>SECTION2
Yes	1
Don't Know	8=>SECTION2
Refused	9=>SECTION2

Q26

READ OPTIONS 1-4

How closely did everyone involved agree about your circumstances, such as having the same concerns and looking for the same kinds of help?

[Family Text:] How closely did you and others agree with your family member about their circumstances, such as having the same concerns and looking for the same kinds of help?

IWR Note: "Everyone" means all people that participated in the family meeting.

==> ASK IF Q25=1 (Yes); OTHERWISE SKIP TO SECTION2

Choices

We agreed on almost everything	1=>Q28
We agreed more than we disagreed	2=>Q28
We disagreed more than we agreed	3
We disagreed on almost everything	4
Don't Know	8=>Q28
Refused	9=>Q28

Q27

Did the person from the ADRC help you resolve these differences?

==> ASK IF Q26=3,4; OTHERWISE SKIP TO Q28

Choices

No	0
Yes (Somewhat)	1
Don't Know	8
Refused	9

Q28

READ OPTIONS 1-4

How helpful was meeting together with the person from the ADRC?

Choices

Not at all helpful	1
Not too helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

SECTION2

You may have worked with more than one person at the ADRC. For the next questions I would like you to think about the person from the ADRC that you worked with the most.

[Family Text:] You may have worked with more than one person at the ADRC. For the next questions I would like you to think about the person from the ADRC that you or your family member worked with the most.

IWR NOTE: If family member and consumer talked to two different people from ADRC, focus on the person from ADRC that the R worked with.

Choices

Press enter to continue	0	D
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Q29

READ OPTIONS 1-4

How respectful was the person with whom you worked the most?

Choices

Not at all respectful	1
Not that respectful	2
Somewhat respectful	3
Very respectful	4
Don't Know	8
Refused	9

Q30

READ OPTIONS 1-4

How knowledgeable was this person about helpful resources and services?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

Choices

Not at all knowledgeable	1
Not that knowledgeable	2
Somewhat knowledgeable	3
Very knowledgeable	4
Don't Know	8
Refused	9

Q31 (Options Counseling/Home Visit Question)

READ OPTIONS 1-4

How would you rate this person in helping you explore choices available to you?

[Family Text:] How would you rate this person in helping your family member explore the choices available to them?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP THIS QUESTION IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Not Applicable	7
Don't Know	8
Refused	9

Q32 (Options Counseling/Home Visit Question)

READ OPTIONS 1-4

How good of a job did this person do considering your opinions, likes and dislikes before recommending services?

[Family Text:] How good of a job did this person do considering your family member's opinions, likes and dislikes before recommending services?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP THIS QUESTION IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

Q34 (Options Counseling/Home Visit Question)

READ OPTIONS IF NEEDED

Did this person work with you to develop a plan listing your goals and next steps?

[Family Text:] Did this person work with your family member to develop a plan listing their goals and next steps?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP THIS QUESTION IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

No	0
----	---

Yes (Some)	1
Don't Know	8
Refused	9

Q35 (Options Counseling/Home Visit Question)

READ OPTIONS 1-4

How would you rate this person in supporting your decisions?

[Family Text:] How would you rate this person in supporting your family member's decisions?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP THIS QUESTION IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

Q36 (Options Counseling/Home Visit Question)

Did you ever feel that this person was trying to talk you into things you did not want?

[Family Text:] Did you ever feel that this person was trying to talk your family member into things they did not want?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP THIS QUESTION IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

No	0
Yes (Some)	1
Don't Know	8
Refused	9

Q37

READ OPTIONS 1-4

How would you rate this person on explaining how to get the help or information you needed?

[Family Text:] How would you rate this person on explaining how to get the help or information your family member needed?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Not Applicable	7
Don't Know	8

Refused	9
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Q38 (Options Counseling/Home Visit Question)

READ OPTIONS 1-4

How would you rate this person on helping you understand the service system?

[Family Text:] How would you rate this person on helping your family member understand the service system?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP THIS QUESTION IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

Q33 (Options Counseling/Home Visit Question)

Compared to your understanding about available options before you contacted the ADRC, what is your understanding now? Would you say you have a better understanding, your understanding is about the same, or you are more confused and understand less?

IWR NOTE: This would be comparing your level of understanding before and then after talking with the person from the ADRC.

==> SKIP THIS QUESTION IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

Better understanding	1
Understanding is about the same	2
More confused and understand less	3
Don't Know	8
Refused	9

Q39

What decisions did you make as a result of your involvement with the ADRC?

[Family Text:] What decisions did your family member make as a result of their involvement with the ADRC?

IWR NOTE: This could include a decision to follow the recommendations made by others, including the person from the ADRC.

Choices

Enter open-ended response	0	DO	
No decisions	7		==> SECTION3
Don't Know	8		==> SECTION3
Refused	9		==> SECTION3

Q40

Did these decisions result in you receiving services or benefits?

[Family Text:] Did these decisions result in your family member receiving services or benefits?

Choices

No	0=>SECTION3
Yes	1
Don't Know	8=>SECTION3
Refused	9=>SECTION3

Q41

Did the person from the ADRC help you complete paperwork needed to get services or benefits?

[Family Text:] Did the person from the ADRC help your family member complete paperwork needed to get services or benefits?

==> SKIP TO SECTION3 IF Q40=1,8,9 (NO, DK, RF)

Choices

No	0
Yes (A little)	1
Don't Know	8
Refused	9

Q42SECT

I'm going to read a list of services that are available. First, I would like to know if you (or your family member) actually used this service and then for each service used, I will then ask about how timely it occurred and how helpful it was.

Choices

Press enter to continue	0	D
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Q42A

Did you use housekeeping services or receive help around the house?

[Family Text:] Did your family member use housekeeping services or receive help around the house?

Choices

No	0=>Q42B
Yes	1
Don't Know	8=>Q42B
Refused	9=>Q42B

Q42ATIME

READ OPTIONS 1-3

How quickly did the service begin?

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42AHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42B

Did you receive home modification services?

[Family Text:] Did your family member use home modification services?

Choices

No	0=>Q42C
Yes	1
Don't Know	8=>Q42C
Refused	9=>Q42C

Q42BTIME

READ OPTIONS 1-3

How quickly did the service begin?

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42BHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2

Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42C

Did you receive help with personal care such as bathing?

[Family Text:] Did your family member receive help with personal care such as bathing?

Choices

No	0=>Q42D
Yes	1
Don't Know	8=>Q42D
Refused	9=>Q42D

Q42CTIME

READ OPTIONS 1-3

How quickly did the service begin?

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42CHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42D

Did you receive meals delivered to the home or to a meal site?

[Family Text:] Did your family member receive meals delivered to the home or to a meal site?

Choices

No	0=>Q42E
Yes	1
Don't Know	8=>Q42E
Refused	9=>Q42E

Q42D TIME

READ OPTIONS 1-3

How quickly did the service begin?

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42D HELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42E

Did you receive information about or help managing your health?

[Family Text:] Did your family member receive information about or help managing their health?

Choices

No	0=>Q42F
Yes	1
Don't Know	8=>Q42F
Refused	9=>Q42F

Q42E TIME

READ OPTIONS 1-3

How quickly did the service begin?

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42EHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42F

Did you receive help getting benefits or financial assistance, such as health insurance, food stamps, Medicaid, or help with heating bills?

[Family Text:] Did your family member receive help getting benefits or financial assistance, such as health insurance, food stamps, Medicaid, or help with heating bills?

Choices

No	0=>Q42_NEW
Yes	1
Don't Know	8=>Q42_NEW
Refused	9=>Q42_NEW

Q42FTIME

READ OPTIONS 1-3

How quickly did the service begin?

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42FHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42_NEW (New Question)

Did you receive help managing your money or assets?

[Family Text:] Did your family member receive help managing money or assets?

IWR NOTE: For instance, this could include help with financial planning, reverse mortgages, long-term care insurance, or wills.

Choices

No	0=>Q42G
Yes	1
Don't Know	8=>Q42G
Refused	9=>Q42G

Q42TIMEN (New Question)

READ OPTIONS 1-3

How quickly did the service begin?

IWR NOTE: For instance, this could include help with financial planning, reverse mortgages, long-term care insurance, or wills.

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42HELPN (New Question)

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42G

Did you use transportation services?

[Family Text:] Did your family member use transportation services?

Choices

No	0=>Q42H
Yes	1
Don't Know	8=>Q42H
Refused	9=>Q42H

Q42GTIME

READ OPTIONS 1-3

How quickly did the service begin?

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42GHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42H

Did you receive legal assistance or advice?

[Family Text:] Did your family member receive legal assistance or advice?

Choices

No	0=>Q42J
Yes	1
Don't Know	8=>Q42J
Refused	9=>Q42J

Q42HTIME

READ OPTIONS 1-3

How quickly did the service begin?

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42HHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42J

Did you receive access to other benefits or information about other benefits?

[Family Text:] Did your family member receive access to other benefits or information about other benefits?

Choices

No	0=>Q42K
Yes	1
Don't Know	8=>Q42K
Refused	9=>Q42K

Q42JTIME

READ OPTIONS 1-3

How quickly did the service begin? (How quickly did you receive information?)

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42JHELP

READ OPTIONS 1-4

How helpful has this service been? (How helpful has the information been?)

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42K

Did you receive any other services?

[Family Text:] Did your family member receive any other services?

Choices

No	0	
Yes (What services were received?)	1	0
Don't Know	8	
Refused	9	

Q43_A1 (New Question)

During the past 12 months, have you experienced confusion or memory loss?

[Family Text: During the past 12 months, has your family member experienced any confusion or memory loss?]

Choices

No	0=>SECTION3
Yes	1
Don't Know	8=>SECTION3
Refused	9=>SECTION3

Q43_A2 (New Question)

Is this confusion or memory loss getting better, getting worse, or staying the same?

IWR Note: This question is asking about the past 12 months.

Choices

Getting better	1
Getting worse	2
Staying the same	3
Don't Know	8
Refused	9

SECTION3 (Options Counseling/Home Visit Question)

Thinking about the information and any services received from the ADRC, please tell me how much you agree or disagree with the following statements.

==> SKIP TO Q51 IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

Press enter to continue

0

D

Q45 (Options Counseling/Home Visit Question)

READ OPTIONS 1-4

The services or information have allowed me to live in the place I most desire. Do you... [Family Text:] The services or information have allowed my family member to live in the place they most desire. Do you...

Choices

Strongly disagree

1

Disagree

2

Agree

3

Strongly agree

4

Don't Know

8

Refused

9

Q46 (Options Counseling/Home Visit Question)

READ OPTIONS 1-4

I am receiving enough support to meet my needs and preferences.

[Family Text:] My family member is receiving enough support to meet their needs and preferences.

IWR Note: "Support" could be services such as meals, housekeeping, personal care, assistance with paperwork, assistance obtaining medical insurance, or transportation services. Support could also be the presence of family members or neighbors to make sure things are going all right.

Choices

Strongly disagree

1

Disagree

2

Agree

3

Strongly agree

4

Don't Know

8

Refused

9

Q47 (Options Counseling/Home Visit Question)

READ OPTIONS 1-4 IF NEEDED

I believe I am safer in my home as a result of the information and services I received.

[Family Text:] I believe my family member is safer in their home as a result of the information and services they received.

Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

Q48 (Options Counseling/Home Visit Question)

READ OPTIONS 1-4 IF NEEDED

I believe I am more independent as a result of the information and services I received.

[Family Text:] I believe my family member is more independent as a result of the information and services they received.

Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

Q49 (Options Counseling/Home Visit Question)

READ OPTIONS 1-4 IF NEEDED

The services or information received have allowed me to expand or maintain activities outside of my home.

[Family Text:] The services or information received have allowed my family member to expand or maintain activities outside of their home.

Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

Q50A (Options Counseling/Home Visit Question)

READ OPTIONS 1-4

One of the goals of the ADRC program is to help people avoid running out of money or avoid needing to use Medicaid. How much do you agree with the following statement:

"The services or information received have helped make the most of personal money and resources?"

Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

Q50B (Options Counseling/Home Visit Question)

READ OPTIONS 1-4

How much do you agree with the following statement: "I was eventually able to find help that I could afford."

[Family Text:] How much do you agree with the following statement: "My family member was eventually able to find help that they could afford."

Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

Q51

What do you think your circumstances would be now if you had not received information or services through the ADRC?

[Family Text:] What do you think your family member's circumstances would be now if they had not received information or services through the ADRC?

IWR NOTE: Use following probes if R is having difficulty answering.

PROBES: How well would [you/they] be able to manage [your/their] personal needs?

Where do you think [you/they] would be living?

What about in a nursing home or assisted living facility?

Choices

Enter open-ended response	0	DO
Don't Know	8	
Refused	9	

Q56 (Options Counseling/Home Visit Question)

READ OPTIONS 1-4

How much control did you have in making decisions about what you would do next?

[Family Text:] How much control did your family member have in making decisions about what they would do next?

==>SKIP THIS QUESTION IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

No control	1
A little control	2
Most of the control	3
Total control	4
Don't Know	8
Refused	9

Q52 (Options Counseling/Home Visit Question)

Has the person you worked with at the ADRC called you to see how you are doing? [Family Text:]

Has the ADRC called to see how your family member is doing?

==>SKIP THIS QUESTION IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q53 (Options Counseling/Home Visit Question)

Since your first contact with the ADRC, have you contacted them again?

==>SKIP THIS QUESTION IF SAMPLE=2 (Non-Options Counseling) AND Q18=0,8,9 (Answered 'NO, DK, RF' to Did someone from the ADRC come to your home?)

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q54

READ OPTIONS 1-4

If you needed to contact ADRC, how easy would that be?

Choices

Very difficult	1
Somewhat difficult	2

Somewhat easy	3
Very easy	4
Don't Know	8
Refused	9

Q57

READ OPTIONS 1-4

Overall, how helpful was the ADRC?

Choices

Not at all helpful	1
Only a little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q58

Do you have concerns that the ADRC has not addressed?

Choices

No	0	
Yes (Could you briefly describe those concerns?)	1	0
Don't Know	8	
Refused	9	

Q59

Would you recommend the ADRC to a friend or family member?

Choices

No	0
Yes (Maybe)	1
Don't Know	8
Refused	9

Q60

What recommendations do you have for improving the services of the ADRC?

Choices

Enter open-ended response	0	DO
No Recommendations	7	
Don't Know	8	
Refused	9	

Q61

DO NOT READ OPTIONS, SELECT ONLY ONE

What is the best way the ADRC can provide you information?

Choices

Written materials (e.g., brochures)	1	
Personal contact (e.g., telephone, email)	2	
Internet	3	
Local media (e.g., TV, newspapers, etc.)	4	
Presentations at social gatherings (e.g., meal sites, churches, senior centers, civic organizations)	5	
Other (please specify)	6	0
In the mail	7	
Don't Know	8	
Refused	9	

Q61A

Have you used the ADRC website?

==> SKIP THIS QUESTION IF Q2=05 (Through the website)

Choices

No	0=>DEMO
Yes	1
Don't Know	8=>DEMO
Refused	9=>DEMO

Q61B

DO NOT READ OPTIONS

How many times have you used the website?

Choices

1 time	1
2 to 3 times	2
More than 3 times	3
Don't Know	8
Refused	9

Q61C

READ OPTIONS 1-4

How easy was it to use?

Choices

Very difficult	1
A little difficult	2
Somewhat easy	3
Very easy	4

Don't Know	8
Refused	9

DEMO

We are almost done; the next few questions are for demographic purposes only.

IWR NOTE: If you are speaking to a friend or family member, please tell them: "The following questions are about you."

Choices

Press Enter to Continue

0

D

Q62

Do you own or have easy access to a computer?

Choices

No 0

Yes 1

Don't Know 8

Refused 9

Q63

READ OPTIONS 1-4

How would you rate your computer skills?

Choices

Poor 1

Fair 2

Good 3

Excellent 4

Don't Know 8

Refused 9

RACE

READ OPTIONS 0-5; SELECT ALL THAT APPLY

Which of the following groups best identifies you?

IWR Note: Asian or Asian American includes Chinese, Filipino, Japanese, Asian Indian, Korean, and Vietnamese.

IWR Note: Please only use the "Other" code if R refuses to choose a race/ethnicity category listed above.

Choices

White or Caucasian 0

Black or African-American 1

Asian or Asian-American 2

American-Indian or Alaskan Native 3

Native Hawaiian or other Pacific Islander 4

Spanish, Hispanic, or Latino 5

Other (Please Specify) 7 O

Don't Know 8 X

Refused 9 X

YEAR	
ENTER YEAR 1900-2011	
What year were you born?	
Choices	
Don't Know	8888
Refused	9999

ZIP	
What is your home zip code?	
Choices	
Don't Know	88888
Refused	99999

EDUC	
READ OPTIONS IF NEEDED	
What is the highest level of education you have completed?	
Choices	
Less than 12th Grade (not a high school graduate)	01
High School Graduate or GED	02
Some College or Other Post-Secondary Education	03
Associates Degree or Technical Degree (AA or AS)	04
Bachelor's Degree (BA, AB, BS)	05
Some Post-Graduate	06
Master's Degree	07
Other professional or doctoral degree	08
Don't Know	88
Refused	99

INCOME	
READ OPTIONS UNTIL STOPPED	
Please stop me when I reach the category that best describes your yearly total household income from all sources before taxes in 2012.	
IF NEEDED: Your best estimate is fine.	
Choices	
Less than \$10,000	0
\$10,000 to less than \$20,000	1
\$20,000 to less than \$30,000	2
\$30,000 to less than \$40,000	3
\$40,000 to less than \$50,000	4
\$50,000 to less than \$60,000	5
\$60,000 to less than \$70,000	6
\$70,000 or more	7
Don't Know	8

Refused	9
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GENDER

Record R'S gender, as observed. If you can't tell, ask:

"Because the quality of phone connections sometimes makes it difficult to tell, I have to ask you your gender. Are you male or female?"

Choices		
Male	0	
Female	1	
Refused	9	

THEND

Thank you very much for your time. Do you have any questions or comments about the survey?

Choices		
No	0	
Yes (Type in Comments)	1	0

INT99

Thank you again for your time. Good Bye.

Your time for this survey was: <minutes>

If R has questions about the survey: You may contact the survey director, Diana White at 503-725-2725. Dr. Debi Elliott, the Director of the Survey Research Lab at Portland State University, at 503-725-5198 Survey Research Lab website at www.srl.pdx.edu.
PSU Human Subjects Research Review Committee, at 503-725-4288

Choices		
COMPLETE	CO	D

I0

*****Hang up with Respondent, then continue with next five questions*****

Do you have any comments, for the CLIENT, about how the interview went?

Choices

No Comments	0	
Yes (Please Specify)	1	0

I1

Overall, how much difficulty did R have in understanding the questions?

Choices

No Difficulty	1
A Little Difficulty	2
Moderate Difficulty	3
A Great Deal of Difficulty	4

I2

How engaged was the R?

Choices

Not at All	1
A Little	2
Moderately	3
Very	4

I3

How distracted did R seem by other people or things (e.g. television) during the interview?

Choices

Not at All	1
A Little	2
Moderately	3
Very	4

I4

Who did you conduct the interview with?

Choices

Care Recipient	1	==> /END
Family Member (or Caregiver)	2	==> /END
Don't Know	8	==> /END

F9 (Accessible at anytime during the survey)

Special Study Information

REFUSAL CONVERSION: The results of this survey will be used by the ADRC to help improve its services. The survey is completely confidential and voluntary and takes about 15 to 20 minutes to complete. Can we ask you some questions now or would there be a more convenient time? **SPECIAL STUDY INFO:** If you have any questions about this survey, you may contact the survey director, Diana White at 503-725-2725.

If you have questions about the validity of the study or the Survey Research Lab you may call Dr. Debi Elliott, the Director of the Survey Research Laboratory at Portland State University, at 503-725-5198 or visit the Survey Research Lab website at www.srl.pdx.edu.

If you have concerns or questions about your rights as a research subject or your privacy protection, please contact the PSU Human Subjects Research Review Committee at 503-725-4288 or 1-877-480-4400.

PURPOSE: This survey is being done to help improve services offered through the Aging and Disability Resource Center. This is a new program for Oregon and is only being offered in some communities. The state wants to improve the way they work with older adults and people with disabilities. They also want to expand the ADRC statewide. We want to learn from you what is going well, and what needs to be changed.

Use these references throughout the survey if needed:

Call Date: <CALLDATE>

ADRC Staff Member: <AGENT>

Local ADRC Agency Name: <AGENCY>

If R asks how their phone number was selected, say: Your number was randomly selected from a list of all people who have had contact with the ADRC or received a service called "Options Counseling."

IF R ASKS WHAT 'OPTIONS COUNSELING' MEANS SAY: Options counseling is where someone from the ADRC learns about your needs, provides you information about services that are available to you, helps you weigh the pros and cons of these services, and supports your choices. Options counselors will also help you get connected to the services you choose.

Choices

Press Enter to Continue

0

D